

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0003231

DOCUMENT # 752767

1. Entity Name
DORSEY - RIVER BEND HOME OWNERS ASSOCIATION IN C

03-05-2001 90333 040 ****61.25

Principal Place of Business Mailing Address

**1713 NW 5TH STREET
C/O MARJORIE A. DAVIS
FT LAUDERDALE FL 33311**

**1713 NW 5TH STREET
C/O MARJORIE A. DAVIS
FT LAUDERDALE FL 33311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2694155** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, MARJORIE A.
1713 NW 5TH STREET
FT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, MARJORIE A	
STREET ADDRESS	1713 NW 5TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, ARTIS	
STREET ADDRESS	523 N.W. 23RD AVE.	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	HOLLOWAY, MARIE	
STREET ADDRESS	433 NW 17TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, JUANITA	
STREET ADDRESS	435 NW 20TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	SIMMONS, ELOISE	
STREET ADDRESS	434 N.W. 20TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, CHANNIE M.	
STREET ADDRESS	1444 N.W. 5 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marjorie A. Davis* **Marjorie A. Davis** 954.4633872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)