

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90091 045 ****61.25

DOCUMENT # 755587

1. Entity Name

RIVERMIST CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

5640 UNIT 2300
 FERGUSON COURT
 NEW PORT RICHEY FL 34652
 US

5640 UNIT 2300
 FERGUSON COURT
 NEW PORT RICHEY FL 34652
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2351873

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, ROBERT L
 5640 FERGUSON COURT
 SUITE 2310
 NEW PORT RICHEY FL 34652

Name **Ronald Spanier**
 Street Address (P.O. Box Number is Not Acceptable)
5627 Ferguson Ct., 1205
 City **New Port Richey** **FL** Zip Code **34652**

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 *Ronald C. Spanier*

Ronald Spanier-President

1-18-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROBERT L	
STREET ADDRESS	5640 FERGUSON CT., #2310	
CITY-ST-ZIP	NEW PORT RICHEY FL 34682	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GIORGIO, JOE	
STREET ADDRESS	5627 FERGUSON CT., #1305	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACH, PHYLLIS	
STREET ADDRESS	5627 FERGUSON CT #1203	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DONLON, ANN	
STREET ADDRESS	5640 FERGUSON COURT, #2209	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUTTON, THOMAS	
STREET ADDRESS	5640 FERGUSON COURT, #2305	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Ronald Spanier	
STREET ADDRESS	5627 Ferguson Ct., 1205	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Dan Banks	
STREET ADDRESS	5640 Ferguson Ct., #2301	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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:

Ronald C. Spanier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

727-846-0880

DATE

Daytime Phone #