

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90089 020 ****61.25

DOCUMENT # 762256

1. Entity Name

RIVER RANCH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

18550 COUNTRY RD. #630 EAST
 LAKE WALES FL 33853

2034 HIGH GLEN CT. N.
 LAKELAND FL 33813
 US

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

59-2164728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVALLO, VIC
2034 HIGH GLEN CT. N.
LAKELAND FL 33813

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SPARKS, DONALD	
STREET ADDRESS	18550 COUNTRY RD 630 EAST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWEIZER, AL	
STREET ADDRESS	18550 COUNTRY RD. #630 EAST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, DAVE	
STREET ADDRESS	18550 COUNTRY RD. #630 EAST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TYER, JOHN	
STREET ADDRESS	18550 COUNTRY RD. #630 EAST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYER, JOHN D	
STREET ADDRESS	18550 COUNTRY RD. #630 EAST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOVALLO, VIC	
STREET ADDRESS	2034 HIGH GLEN CT N	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rob Dunton
STREET ADDRESS	18550 Country Rd 630 East
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Hester
STREET ADDRESS	18550 Country Rd 630 East
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA TYER
STREET ADDRESS	18550 COUNTRY RD 630 EAST
CITY-ST-ZIP	LAKE WALES FL 33853
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	

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: *[Signature]* **LOVALLO, VIC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

813-690-6427

Daytime Phone #

CR2E037 (9/01)