

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764589

1. Entity Name

RIVER OAKS CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

7001 TEMPLE TERR HWY
TEMPLE TERRACE FL 33637
US

Mailing Address

7001 TEMPLE TERR HWY
TEMPLE TERRACE FL 33637
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

59-2232560

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

LERNER, PATRICIA L
420 WEST PLATT ST
TAMPA FL 33606

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STATZ, DENNIS
410 DRUID HILLS RD
TAMPA FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LEACH, LEWIS
3908 VERSAILLES AVE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHIELDS, HUGH
1632 SEABREEZE DR.
TARPOON SPRINGS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Menendez, Richard
7001 Temple Terrace Hwy
Temple Terrace Fla 33637 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SMITH, HUBERT
13620 LAKE MAGDALENE BLVD., #412
TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Young, Larry
2187 Blue Fern Dr
PALM HARBOR, FL 34683 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Richard Menendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Menendez 1-8-01 813-980-106

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90008 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)