

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90206 014 ***150.00

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FP

DOCUMENT # F08268

1. Entity Name
RIVER FOREST VILLAGE, INC.



Principal Place of Business
**4300 RIVERSIDE DRIVE
PUNTA GORDA FL 33982-1718**

Mailing Address
**P.O. BOX DRAWER 511447
PUNTA GORDA FL 33952**

2. Principal Place of Business

3. Mailing Address

4300 Riverside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Punta Gorda, FL

Zip

Country

Zip

Country

33982-1718

4. FEI Number **59-2089420**

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

**HACKETT, JACK O. II
99 NESBITT STREET
PUNTA GORDA FL 33950**

**Mark J. Pyles, President
River Forest Village, Inc.
4300 Riverside Dr., #209
Punta Gorda, FL 33982**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark J. Pyles*
Signature, typed or printed name of registered agent and title if applicable.

Mark J. Pyles 4-14-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **ANGELL, OLIN**
STREET ADDRESS **4300 RIVERSIDE DR**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE **T** ☐ Delete
NAME **ZOBREST, GEORGE**
STREET ADDRESS **4300 RIVERSIDE DR**
CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE **P** ☐ Delete
NAME **PYLES, MARK**
STREET ADDRESS **121-4300 RIVERSIDE DR**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE **S** ☒ Delete
NAME **FREDRIKSON, ED**
STREET ADDRESS **4300 RIVERSIDE DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **S** ☐ Change ☒ Addition
NAME **Wheeler, Al**
STREET ADDRESS **4300 Riverside Dr., #83**
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE **VP** ☐ Delete
NAME **John Williamson**
STREET ADDRESS **4300 Riverside Dr., #139**
CITY-ST-ZIP **Punta Gorda, FL 33982**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: *Mark J. Pyles* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark J. Pyles 4-14-03 941-639-3311

Date

Daytime Phone #

CR2E034 (10/02)