

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90099 021 ***150.00

DOCUMENT # M90173

1. Entity Name

RIVIERA PLAZA OF HOLLY HILL, INCORPORATED

Principal Place of Business

Mailing Address

**1700 RIDGEWOOD AVE., SUITE H
 HOLLY HILL FL 32117**

**1518 STAE AVENUE
 A
 HOLLY HILL FL 32117
 US**

2. Principal Place of Business

3. Mailing Address

**1518 STATE AVENUE "A"
 HOLLY HILL, FLORIDA**

Suite, Apt. #, etc.

City & State

City & State

Zip **32117**

Country **USA**

Zip

Country

4. FEI Number

59-3120753

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

**TUMBLESON, J. DOYLE ESQ.
 150 S. PALMETTO AVE.
 BOX A
 DAYTONA BEACH FL 32114**

Name

HELGA J. MARKOVICS

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

1518 STATE AVENUE

UNIT A

City

HOLLY HILL

FL

Zip Code **32117**

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 **HELGA J. MARKOVICS S-ADMINISTRATOR**

2-22-2000

Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	FRANCESCHI, MAURO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1518 STATE AVENUE, SUITE A	1518 STATE AVENUE, SUITE A		
HOLLY HILL FL	HOLLY HILL FL		
VTD	FRANCESCHI, JUAN GUIDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1518 STATE AVENUE, SUITE A	1518 STATE AVENUE, SUITE A		
HOLLY HILL FL	HOLLY HILL FL		
VD	FRANCESCHI, SANTEITE A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1518 STATE AVENUE, SUITE A	1518 STATE AVENUE, SUITE A		
HOLLY HILL FL	HOLLY HILL FL		
S	MARKOVICS, HELGA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1518 STATE AVENUE, SUITE A	1518 STATE AVENUE, SUITE A		
HOLLY HILL FL	HOLLY HILL FL		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MAURO FRANCESCHI - PD

2-22-00

677-3741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)