

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90068 005 ****61.25

DOCUMENT # N00000005747

1. Entity Name

**RIVERVIEW CORPORATE CENTER OWNERS ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**27300 RIVERWOOD CENTER BLVD
 #201
 BONITA SPRINGS FL 34134**

**27300 RIVERWOOD CENTER BLVD
 #201
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

27300 RIVERVIEW CTR. BLVD

27300 RIVERVIEW CTR. BLVD.

City, Apt. #, etc.

City, Apt. #, etc.

201

201

City & State

City & State

BONITA SPRINGS, FL

BONITA SPRINGS, FL

Zip

Country

Zip

Country

34134-4316

USA

34134-4316

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, R. SCOTT
 821 FIFTH AVE SOUTH
 201
 NAPLES FL 34102**

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 **PD** ☐ Delete
 NAME **MCGARVEY, JOHN S**
 STREET ADDRESS **27300 RIVERWOOD CENTER BLVD**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MCGARVEY, JOHN S**
 STREET ADDRESS **27300 RIVERVIEW CTR. BLVD #201**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134-4316**

TITLE **VD** ☐ Delete
 NAME **PRICE, WILLIAM G JR**
 STREET ADDRESS **27300 RIVERWOOD CENTER BLVD**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD** ☒ Change ☐ Addition
 NAME **PRICE, WILLIAM G, JR.**
 STREET ADDRESS **27300 RIVERVIEW CTR BLVD #201**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134-4316**

TITLE **STD** ☐ Delete
 NAME **MCGARVEY, JOANNE H**
 STREET ADDRESS **27300 RIVERWOOD CENTER BLVD**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **STD** ☒ Change ☐ Addition
 NAME **MCGARVEY, JOANNE H.**
 STREET ADDRESS **27300 RIVERVIEW CTR. BLVD. #201**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134-4316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 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 REQUIRED

3-5-02

941-952-8940

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)