

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007019

1. Entity Name

THE BUSINESS AND PROFESSIONAL ASSOCIATION OF RIV



Principal Place of Business

155 E BLUE HERON BLVD STE 402  
RIVIER BCH FL 33404

Mailing Address

155 E BLUE HERON BLVD STE 402  
RIVIER BCH FL 33404

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, SAMUEL A  
155 E BLUE HERON BLVD STE 400  
RIVER BCH FL 33404

7. Name and Address of New Registered Agent

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  
After September 12, 2001, min. will be \$236.25

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

TITLE DP  
NAME THOMAS, SAMUEL A  
STREET ADDRESS 155 E BLUE HERON BLVD STE 400  
CITY-ST-ZIP RIVIER BCH FL 33404 ☐ Delete

TITLE DV  
NAME GAETA, LOUIS A  
STREET ADDRESS 3555 NORTHLAKE BLVD  
CITY-ST-ZIP PALM BCH GARDENS FL 33403 ☐ Delete

TITLE DS  
NAME RODGERS, EDWARD  
STREET ADDRESS 1170 BIMINI LN  
CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Delete

TITLE DT  
NAME LEWIS, PHILIP D  
STREET ADDRESS 31 W 20TH ST  
CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

*Samuel A. Thomas, Pres.* 9-10-01

661-982-9893

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90005 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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