

2002 UNIFORM BUSINESS REPORT (UBR)

2/1
2

FILED
May 30, 2002 8:00 am
Secretary of State

02-10-2002 90002 011 ****61.25

DOCUMENT # N01000005679

1. Entity Name

RICH'S INDUSTRIAL PARK LOTS 11 THROUGH 19 OWNERS ASSOCIATION, INC.

Principal Place of Business

996A LAGUNA DRIVE
VENICE FL 34285

Mailing Address

996A LAGUNA DRIVE
VENICE FL 34285

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 **46-0480854**

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

KNUCKLES, JEFFREY J
996A LAGUNA DRIVE
VENICE FL 34285

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 Agents signature required when retreating)

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	D	<input type="checkbox"/> Delete
NAME	HARNER, STEPHEN	
STREET ADDRESS	996A LAGUNA DRIVE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	KONDISKO, JOSEPH R	
STREET ADDRESS	996A LAGUNA DRIVE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KNUCKLES, JEFFREY J	
STREET ADDRESS	996A LAGUNA DRIVE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

Signature and typed or printed name of signing officer or director

11/15/02

Date

941 425 4352

Daytime Phone

CR2037 (9/01)