

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10785

1. Entity Name

THE RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8201 RIVER RIDGE BOULEVARD
NEW PORT RICHEY FL 34654

8201 RIVER RIDGE BOULEVARD
NEW PORT RICHEY FL 34654-6044

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

59-3491479

Applied For

Not Applied For

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

TANKEL, ROBERT L ESQ
1299 MAIN STREET
SUITE F
DUNEDIN FL 34689

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 BOYCE, M D
STREET ADDRESS 8201 RIVER RIDGE BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE VD ☐ Delete
NAME REYNOLDS, B J
STREET ADDRESS 8201 RIVER RIDGE BOULEVARD
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE STD ☐ Delete
NAME PAUL, WILLIAM D II
STREET ADDRESS 8201 RIVER RIDGE BOULEVARD
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SECRETARY

01/20/2000

727-845-5252

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90025 050 ****61.25

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