

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20967

1. Entity Name

RIVERSIDE VILLAS OF DUNNELLON HOMEOWNERS ASSOCIA

Principal Place of Business

Mailing Address

12497 N WATER WAY #2
DUNNELLON FL 34433
US

12497 N WATER WAY #2
DUNNELLON FL 34433-2327
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MILLER, DON	12483 N WATER WAY	DUNNELLON FL	<input checked="" type="checkbox"/>
STD	FERNANDEZ, LINDA	20540 EAST PENNSYLVANIA AVE.	DUNNELLON FL 34432	<input type="checkbox"/>
VPD	BRYANT, THOMAS	12491 N. WATERWAY	DUNNELLON FL 34433	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	James Frederick	2360 NW 225th Ave	Dunnellon, FL 34431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Joan White	12483 N. Water Way	Dunnellon, FL 34433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Linda Fernandez* **SIGNATURE REQUIRED** Linda Fernandez 1/11/00 352-489-1958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deletion Phone

CR2E037 (9/99)