

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21023

1. Entity Name

RIVER REACH COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business

3003 NORTH TAMiami TRAIL
SUITE 400
NAPLES FL 34103

Mailing Address

3003 NORTH TAMiami TRAIL
SUITE 400
NAPLES FL 34103-2714

2. Principal Place of Business

7200 Wisconsin Avenue

Suite, Apt. #, etc.

1100

City & State
Bethesda, Maryland

Zip
20814

Country

3. Mailing Address

7200 Wisconsin Avenue

Suite, Apt. #, etc.

1100

City & State
Bethesda, Maryland

Zip
20814

Country

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90012 017 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2817173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	UTTER, PATRICK L	
STREET ADDRESS	3003 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRUET, MICHAEL J	
STREET ADDRESS	3003 TAMiami TRAIL-NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MASON, CHARLES H	
STREET ADDRESS	3003 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BIRR, JEFFREY M	
STREET ADDRESS	3003 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	KURTYKA, DEBORAH L	
STREET ADDRESS	3003 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol A. Kohl	
STREET ADDRESS	7200 Wisconsin Avenue, #1100	
CITY-ST-ZIP	Bethesda, Maryland 20814	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert B. Downing	
STREET ADDRESS	7200 Wisconsin Avenue, #1100	
CITY-ST-ZIP	Bethesda, Maryland 20814	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc B. Abrams	
STREET ADDRESS	7200 Wisconsin Avenue, #1100	
CITY-ST-ZIP	Bethesda, Maryland 20814	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard R. Singleton	
STREET ADDRESS	7200 Wisconsin Avenue, #1100	
CITY-ST-ZIP	Bethesda, Maryland 20814	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ann Ewers	
STREET ADDRESS	7200 Wisconsin Avenue, #1100	
CITY-ST-ZIP	Bethesda, Maryland 20814	
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:

Mary Ann Ewers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Ewers, Assistant Secretary

Date

Daytime Phone #

CR2E037 (9/99)