

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25102

1. Entity Name

HOMEOWNERS OF RIVER WOODS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90159 036 ****61.25

Principal Place of Business

Mailing Address

% RICHARD N. GLOVER
1755 OLDE RIVER TRAIL
CHULUOTA FL 32766

% RICHARD N. GLOVER
1755 OLDE RIVER TRAIL
CHULUOTA FL 32766-6604

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

59-2859592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLOVER, RICHARD N.
1775 OLDE RIVER TRAIL
CHULUOTA FL 32766

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 **TD** ☒ Delete
NAME **FLANNERY, DONALD**
STREET ADDRESS **597 RIVERWOODS TRAIL**
CITY-ST-ZIP **CHULUOTA FL**

TITLE **VD** ☐ Delete
NAME **DOUGHERTY, RUSS**
STREET ADDRESS **1708 OLD RIVER TRAIL**
CITY-ST-ZIP **CHULUOTA FL**

TITLE **D** ☐ Delete
NAME **WEAVER, MARCUS**
STREET ADDRESS **2150 OLDE RIVER TRAIL**
CITY-ST-ZIP **CHULUOTA FL**

TITLE **D** ☐ Delete
NAME **STEVENS, STANLEY**
STREET ADDRESS **377 RIVERWOOD TRAIL**
CITY-ST-ZIP **CHULUOTA FL**

TITLE **D** ☐ Delete
NAME **LAMOUREUX, EVA**
STREET ADDRESS **690 RIVERWOODS TRAIL**
CITY-ST-ZIP **CHULUOTA FL**

TITLE **PD** ☐ Delete
NAME **GLOVER, RICHARD N.**
STREET ADDRESS **1775 OLDE RIVER TRAIL**
CITY-ST-ZIP **CHULUOTA FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **READLING, MICHAEL H.**
STREET ADDRESS **315 RIVERWOODS TR.**
CITY-ST-ZIP **CHULUOTA, FL 32766**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 file empowered.

SIGNATURE:

Signature of Richard N. Glover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00

Date

Daytime Phone #

CR2E037 (9/99)