

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31547

1. Entity Name

RIVEREST HOMEOWNERS CORP.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90005 002 \*\*\*\*61.25

Principal Place of Business C/O ROSE SCHROEDER 92 GRIFFIN AVE TAVARES FL 32778 US	Mailing Address C/O ROSE SCHROEDER 92 GRIFFIN AVE TAVARES FL 32778-4185 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-2941270</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, VIRGINIA**  
**92 GRIFFIN AVE**  
**TAVARES FL 32778**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP	<input type="checkbox"/> Delete
NAME	WINKLE, LAVERNE	
STREET ADDRESS	127 PARK DR.	
CITY-ST-ZIP	TAVARES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAYNER, WALTER	
STREET ADDRESS	21 LAKE AVENUE	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSLER, RAYMOND	
STREET ADDRESS	76 EUSTIS AVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DANCER, DWAIN	
STREET ADDRESS	99 HARRIS AVENUE	
CITY-ST-ZIP	TAVARES FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHROEDER, ROSE	
STREET ADDRESS	24 LAKE AVENUE	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: Laverne Winkle **LAVERNE WINKLE** President/Director 4/6/2000 352/343/0958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)