

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90106 035 \*\*\*\*61.25

**DOCUMENT # N31547**

1. Entity Name  
**RIVEREST HOMEOWNERS CORP.**

Principal Place of Business <b>C/O VIRGINIA MORGAN          92 GRIFFIN AVE          TAVARES FL 32778          US</b>	Mailing Address <b>C/O VIRGINIA MORGAN          92 GRIFFIN AVE          TAVARES FL 32778          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>KEN BURNETTE</b>	3. Mailing Address <b>LOUISE CHESSE</b>
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Suite, Apt. #, etc.  
**109 CRESCENT DRIVE**

City & State <b>TAVARES FL</b>	City & State <b>TAVARES FL</b>
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4. FEI Number <b>59-2941270</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32778</b>	Country <b>USA</b>	Zip <b>32778</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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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 **CHESSE, LOUISE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**131 PARK DRIVE**  
 City **TAVARES** FL Zip Code **32778**

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 *Louise Chesser* DATE 4/9/2001  
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 NAME DP WINKLE, LAVERNE	<input type="checkbox"/> Delete
STREET ADDRESS 127 PARK DR. CITY-ST-ZIP TAVARES FL	
TITLE NAME DV HAYNER, WALTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 21 LAKE AVENUE CITY-ST-ZIP TAVARES FL	
TITLE NAME D COSLER, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS 76 EUSTIS AVE CITY-ST-ZIP TAVARES FL	
TITLE NAME DV DANCER, DWAIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 99 HARRIS AVENUE CITY-ST-ZIP TAVARES FL	
TITLE NAME DT SCHROEDER, ROSE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 24 LAKE AVENUE CITY-ST-ZIP TAVARES FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D WINKLE, LAVERNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 127 PARK DR. CITY-ST-ZIP TAVARES FL 32778	
TITLE NAME DP KNECHT, FREDERICK A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9 EDgewater DR CITY-ST-ZIP TAVARES FL 32778	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME DT BURNETTE, KEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 109 CRESCENT DR. CITY-ST-ZIP TAVARES FL 32778	
TITLE NAME D CHESSE, LOUISE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 131 PARK DR. CITY-ST-ZIP TAVARES FL	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *FREDERICK A. KNECHT* DATE 4/9/2001 DAYTIME PHONE # 352-343-5805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)