

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90046 001 ****61.25

DOCUMENT # N34311

1. Entity Name

RIVERSIDE RENAISSANCE, INC.

Principal Place of Business

Mailing Address

C/O J. CLIFTON COX
 P O BOX 1330
 FORT LAUDERDALE FL 33302

C/O J. CLIFTON COX
 P O BOX 1330
 FORT LAUDERDALE FL 33312-7514

710700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1609 SW 5 Court

1609 SW 5 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip
 33312

Country
 USA

Zip
 33312

Country
 USA

4. FEI Number

65-0175097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, J. CLIFTON
 4875 N. FEDERAL HIGHWAY
 SAVINGS OF AMERICA BLDG., 10TH FLOOR
 FORT LAUDERDALE FL 33308

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	PD	<input type="checkbox"/> Delete
NAME	BOGARD, SHARON	
STREET ADDRESS	1609 SW 5 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, JILL	
STREET ADDRESS	1728 SW 5 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREW, TOM	
STREET ADDRESS	717 S.W. 14TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ADASCHIK, ALAN	
STREET ADDRESS	1728 S.W. 5TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADASCHIK, GAYLE	
STREET ADDRESS	1728 S.W. 5TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASS, ANDREA	
STREET ADDRESS	1418 S.W. 10TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

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	
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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: Alan Adaschik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000 492 7828

Date

Daytime Phone #

CR2E037 (9/99)