

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90033 004 \*\*\*\*61.25

**DOCUMENT # N34311**

1. Entity Name

**RIVERSIDE RENAISSANCE, INC.**

Principal Place of Business

**1609 SW 5TH CT  
 FORT LAUDERDALE FL 33312**

Mailing Address

**1609 SW 5TH CT  
 FORT LAUDERDALE FL 33312**

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 **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 checked="" type="checkbox"/> Delete
NAME	ADASCHIK, ALAN	
STREET ADDRESS	1728 S.W. 5TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input checked="" 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	S.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTI KOBELIN	
STREET ADDRESS	717 SOUTH WEST 14 ST., APT 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRENE RADFORD	
STREET ADDRESS	1729 SOUTH WEST 4 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES RADFORD	
STREET ADDRESS	717 SOUTH WEST 4 ST., APT 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER S. DOKUCHITZ, III	
STREET ADDRESS	741 S W 12 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST REYNOLDS	
STREET ADDRESS	4037 ROYAL HARBOR BLVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD HARPER	
STREET ADDRESS	1728 SOUTH WEST 5 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	

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:

*Signature of Sharon Bogard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-02 954 4635334  
 Date Daytime Phone #

CR2E037 (9/01)