

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003953

1. Entity Name

RIVERSIDE ON THE PARK CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

200 SO RIVERSIDE DR
NEW SMYRNA BEACH FL 32168
US

200 SO RIVERSIDE DR
NEW SMYRNA BEACH FL 32168-7167
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIBOLD, CHARLES R.
200 S. RIVERSIDE DR.
NEW SMYRNA BEACH FL 32168

Name

EARL ROBERTSON

Street Address (P.O. Box Number is Not Acceptable)

200 S. RIVERSIDE DR

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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

Earl James Robertson

1-7-2000

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 DVS ☐ Delete
NAME ROBERTSON, EARL J
STREET ADDRESS 200 S. RIVERSIDE DR.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ~~DVS~~ DS ☒ Change ☐ Addition
NAME ROBERTSON, EARL J
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME SEIBOLD, CHARLE R.
STREET ADDRESS 200 S. RIVERSIDE DR.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE DV ☒ Change ☐ Addition
NAME SEIBOLD, CHARLES R.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MEGARGEE, THEODORE
STREET ADDRESS 200 S. RIVERSIDE DR.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE DP ☒ Change ☐ Addition
NAME MEGARGEE, THEODORE
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME JUN, AUDREY L
STREET ADDRESS 200 S. RIVERSIDE DR.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE D ☐ Delete
NAME SIMS, LAWRENCE
STREET ADDRESS 200 S. RIVERSIDE DR.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE: EARL J. ROBERTSON, SECRETARY

Jan. 7, 2000 904-427-7335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #