

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90243 012 ****61.25

DOCUMENT # N94000004256

1. Entity Name
RIVERLAND CIVIC ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 365
FT. LAUDERDALE FL 33312**

Mailing Address
**P.O. BOX 365
FT. 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 **65-0080219**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NIEDERRITER, VIRGIL
104 SW 21 WAY
FT. LAUDERDALE FL 33312**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HUTCHINSON, ROBERT**
STREET ADDRESS **429 SW 25 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
NAME **RUTHAAPT, SUSAN K**
STREET ADDRESS **124 SW 24 AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
NAME **HAYNES, ESTEL**
STREET ADDRESS **1048 WEST 22ND TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **P** ☐ Delete
NAME **NIEDERRITER, VIRGIL**
STREET ADDRESS **104 SW 21ST WAY**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☐ Delete
NAME **HORTON, GENALD**
STREET ADDRESS **139 SW 22 TERR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **S** ☐ Delete
NAME **GRUMAN, CARLENE**
STREET ADDRESS **2624 SW 6CT.**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

[Handwritten Signature]
NOT AT ALL REQUIRED

Date

Daytime Phone #

CR2E037 (10/02)