

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90186 039 ****61.25

DOCUMENT # N94000005717

1. Entity Name

RIVERSIDE CLUB, INC.



Principal Place of Business

**1900 CLIFFORD ST., #105
FT. MYERS FL 33901**

Mailing Address

**1900 CLIFFORD ST., #105
FT. MYERS FL 33901**

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 **59-1058150**

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

**BROKLYN, JACOBS
1700 CLIFFORD
FORT MYERS FL 33901**

DAVID L. OROSZ

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

1900 CLIFFORD ST. #304

City **FT. MYERS**

FL

Zip Code
33901

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

2-19-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MILLER, FREDERICK**
STREET ADDRESS **1900 CLIFFORD ST #501**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **PD** ☐ Change ☒ Addition
NAME **JACOBS, BEVERLY**
STREET ADDRESS **1900 CLIFFORD ST. #403**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☒ Delete
NAME **ROMEIS, ELIZABETH**
STREET ADDRESS **1900 CLIFFORD ST #504**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **VD** ☐ Change ☒ Addition
NAME **DAVID L. OROSZ**
STREET ADDRESS **1900 CLIFFORD ST #304**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D** ☒ Delete
NAME **JONES, RALPH**
STREET ADDRESS **1900 CLIFFORD ST #108**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D** ☐ Change ☒ Addition
NAME **MICHAEL C. SENEK**
STREET ADDRESS **1900 CLIFFORD ST. #801A**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **VD** ☒ Delete
NAME **GRANT, HAL**
STREET ADDRESS **1900 CLIFFORD ST #503**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D** ☐ Change ☒ Addition
NAME **LILY NILSSON**
STREET ADDRESS **1900 CLIFFORD ST. #206**
CITY-ST-ZIP **FT. MYERS, FL 3390**

TITLE **D** ☐ Delete
NAME **WATERS, GRACE**
STREET ADDRESS **1900 CLIFFORD ST #207**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D** ☐ Change ☒ Addition
NAME **RUBY C. BOSTEN**
STREET ADDRESS **1900 CLIFFORD ST. #407**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **PD** ☒ Delete
NAME **KELLEY, CAROLE**
STREET ADDRESS **1900 CLIFFORD ST, 301**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D** ☐ Change ☒ Addition
NAME **KEN MORELAND**
STREET ADDRESS **1900 CLIFFORD ST. #606**
CITY-ST-ZIP **FT. MYERS FL 33901**

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:

DAVID L. OROSZ, PRES & Dir.

2-19-03 (239)334-8685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)