

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90008 037 \*\*\*\*61.25

**DOCUMENT # N94000006236**

1. Entity Name

**RIVER BLUFFS OF TAMPA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8456 RIVER DUNE STREET NORTH  
 TAMPA FL 33617**

**P.O. BOX 16532  
 TAMPA FL 33687-6532**

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

**53-5348996**

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

**HENDRIX, JOHNNY  
 8439 NORTH RIVER DUNE STREET  
 TAMPA FL 33617**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/D	PLATT, VICKI	8423 N RIVER DUNE ST	TAMPA FL 33617	<input type="checkbox"/> Delete	President	Vicki Pratt	8423 N. River Dune St	Tampa, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP/D	HENDRIX, JOHNNY	8439 RIVER DUNE STREET NORTH	TAMPA, FL 33617	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S/D	BROOKS, ROSE	8454 N RIVER DUNE ST	TAMPA FL 33617	<input checked="" type="checkbox"/> Delete	Secretary	Susan Hamilton	8425 N. River Dune St.	Tampa, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T/D	HILLIARD, DELORIS	8435 N RIVER DUNE ST	TAMPA FL 33617	<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP/D	HENDRIX, JOHNNY	8439 N. RIVER DUNE ST	TAMPA FL 33617	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-2002 (813) 983-9234**

Date

Daytime Phone #