

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90038 042 ****61.25

DOCUMENT # N95000005895

1. Entity Name

MERIDIAN RIVER DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

5405 CYPRESS CENTER DRIVE
SUITE 320
TAMPA FL 33609
US

5405 CYPRESS CENTER DRIVE
SUITE 320
TAMPA FL 33609
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3382783

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

GILMORE, RICARDO
101 E. KENNEDY BLVD.
SUITE 3200
TAMPA FL 33602

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. 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
Due By May 1, 2007

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: **ANDREWS-WELLS, SYBIL K**
STREET ADDRESS: **PO BOX 3363**
CITY-ST-ZIP: **TAMPA FL 33601**

TITLE: **D** ☐ Delete
NAME: **PEOPLES, KAREN**
STREET ADDRESS: **2229 EASST OSBOURNE AVE #17**
CITY-ST-ZIP: **TAMPA FL 33610**

TITLE: **C** ☐ Delete
NAME: **SHIMBERG, ROBERT**
STREET ADDRESS: **101 E. KENNEDY BLVD., STE 3700**
CITY-ST-ZIP: **TAMPA FL 33601**

TITLE: **D** ☒ Delete
NAME: **RIORDAN, TONI**
STREET ADDRESS: **2107 DERLE AVE.**
CITY-ST-ZIP: **TAMPA FL 33606**

TITLE: **D** ☐ Delete
NAME: **SOROLIS, SOPHIA**
STREET ADDRESS: **3069 W. FAIR OAKS AVE.**
CITY-ST-ZIP: **TAMPA FL 33611**

TITLE: **D** ☐ Delete
NAME: **HARVEY, HAZEL**
STREET ADDRESS: **4315 GREEN STREET**
CITY-ST-ZIP: **TAMPA FL 33607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☐ Change ☒ Addition
NAME: **MC ALVAREZ, JR.**
STREET ADDRESS: **4144 NORTH ARMENIA AVENUE**
CITY-ST-ZIP: **TAMPA, FL 33607**

TITLE: **D** ☐ Change ☒ Addition
NAME: **RUBIN, PADGETT**
STREET ADDRESS: **1611 EAST 33RD AVENUE**
CITY-ST-ZIP: **TAMPA, FL 33610**

TITLE: **D** ☐ Change ☒ Addition
NAME: **GERALD WHITE**
STREET ADDRESS: **8419 NORTH 46TH STREET**
CITY-ST-ZIP: **TAMPA, FL 33617**

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

TITLE: **D** ☒ Change ☐ Addition
NAME: **SOPHIA SOROLIS**
STREET ADDRESS: **3069 W. FAIR OAKS AVENUE**
CITY-ST-ZIP: **TAMPA, FL 33611**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Robert Shimberg **ROBERT SHIMBERG** 4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #