

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000322

1. Entity Name

RIVERVIEW AT GRAND HARBOR CONDOMINIUM ASSOCIATIO

Principal Place of Business

4820 20TH AVE
VERO BEACH FL 32967
US

Mailing Address

4820 20TH AVE
VERO BEACH FL 32967-1511
US

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

65-0681023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEBERLING, LYNN M
4820 20TH AVE.
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name

RULE, LISA A.

Street Address (P.O. Box Number is Not Acceptable)
4820 20TH AVENUE

City

VERO BEACH

FL

Zip Code
32967

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

Lisa A. Rule

Lisa A. Rule

4/17/00

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

TITLE DP
NAME TULLOCH, V C
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

TITLE DVT
NAME SMITH, H J
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BEACH FL 32967 ☒ Delete

TITLE DS
NAME SULLIVAN, J
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

TITLE M
NAME HEBERLING, LYNN M
STREET ADDRESS 4820 20TH AVE
CITY-ST-ZIP VERO BEACH FL 32967 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DVT
NAME SMITH, NORMA D.
STREET ADDRESS 4820 20TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32967 ☐ Change ☒ Addition

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

TITLE M
NAME BUTTS, THOMAS L.
STREET ADDRESS 4820 20TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32967 ☐ Change ☒ Addition

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

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

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:

Lisa A. Rule
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 (561) 778-5943



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)