

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90109 043 *****61.25

DOCUMENT # N96000000429

1. Entity Name

RIVIERA FEDERATION ASSOCIATION, INC.

Principal Place of Business

**354 CHARLEMAGNE BLVD.
NAPLES FL**

Mailing Address

**354 CHARLEMAGNE BLVD.
NAPLES FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0740085

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WISEMAN, TAMELA E
5121 CASTELLO DRIVE
SUITE 1
NAPLES FL 33940**

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 **DP** ☐ Delete
NAME **ARRY, EDWIN V**
STREET ADDRESS **354 CHARLEMAGNE BLVD E103**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **SD** ☐ Delete
NAME **MALIK, HENRY**
STREET ADDRESS **344 CHARLEMAGNE BLVD**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **DT** ☐ Delete
NAME **HUBER, DONALD**
STREET ADDRESS **4360 CHANTELE DR**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **D** ☐ Delete
NAME **BONDIE, ROBERT**
STREET ADDRESS **5560 RATTLESNAKE HAMMOCK RD**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **D** ☐ Delete
NAME **CHRISTENSEN, MENTOR**
STREET ADDRESS **325 CHARLEMAGNE BLVD**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **D** ☐ Delete
NAME **TIBBOTT, RICHARD**
STREET ADDRESS **351 CHARLEMAGNE BLVD**
CITY-ST-ZIP **NAPLES FL**

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:

Edwin V. Arrey **Edwin V. Arrey Pres.** 2-26-01 941-793-3082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)