

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000429

1. Entity Name

RIVIERA FEDERATION ASSOCIATION, INC.

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90077 017 ****61.25

Principal Place of Business

Mailing Address

354 CHARLEMAGNE BLVD.
NAPLES FL

354 CHARLEMAGNE BLVD.
NAPLES FL 34112

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

65-0740085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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	<input type="checkbox"/> Delete
NAME	ARRY, EDWIN V	
STREET ADDRESS	354 CHARLEMAGNE BLVD E103	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALIK, HENRY	
STREET ADDRESS	344 CHARLEMAGNE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HUBER, DONALD	
STREET ADDRESS	4360 CHANTELE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONDIE, ROBERT	
STREET ADDRESS	5560 RATTLESNAKE HAMMOCK RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, MENTOR	
STREET ADDRESS	325 CHARLEMAGNE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIBBOTS, RICHARD	
STREET ADDRESS	351 CHARLEMAGNE BLVD	
CITY-ST-ZIP	NAPLES FL	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AREY, EDWIN V.	
STREET ADDRESS	354 CHARLEMAGNE BLVD E103	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALIK, HENRY	
STREET ADDRESS	344 CHARLEMAGNE BLVD. 203F	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, JAMES	
STREET ADDRESS	4530 CHANTELE DR. K206	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE C. POWELL, EUGENE C.	
STREET ADDRESS	5560 RATTLESNAKE HAMMOCK RD 102L	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIDEAN, LARRY	
STREET ADDRESS	325 CHARLEMAGNE BLVD. B 208	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. Arey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-11-02

Daytime Phone #

941-793-3011

CR2E037 (9/01)