

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

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90030 011 ****61.25

DOCUMENT # N96000001133

1. Entity Name

SCIBC DRI MASTER ASSOCIATION, INC.



Principal Place of Business

2055 WOOD STREET
SUITE 202
SARASOTA FL 34237
US

Mailing Address

% RKW THE RICHARDSON GROUP, LLC
2055 WOOD STREET, SUITE 202
SARASOTA FL 34237
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0726953

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

RICHARDSON KLING, RENEE
2055 WOOD STREET
SUITE 202
SARASOTA FL 34237

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 re-registering)

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: PS ☒ Delete
NAME: RICHARDSON-KLING, RENEE
STREET ADDRESS: 2055 WOOD STREET, SUITE 202
CITY-STATE-ZIP: SARASOTA FL 34237

TITLE: VD ☒ Delete
NAME: ROBINSON, WILLIAM
STREET ADDRESS: 2502 FIRETREE LANE
CITY-STATE-ZIP: VENICE FL 34292

TITLE: TD ☐ Delete
NAME: HOWELL, DAVID L
STREET ADDRESS: 12002 MIRAMAR PARKWAY
CITY-STATE-ZIP: MIRAMAR FL 33025

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DS ☐ Change ☒ Addition
NAME: JENNIFER SHAFER
STREET ADDRESS: 2055 WOOD STREET #202
CITY-STATE-ZIP: SARASOTA, FL 34237

TITLE: DV ☐ Change ☒ Addition
NAME: CHARLES HINES, ESQ.
STREET ADDRESS: 771 COMMERCE DR. #1
CITY-STATE-ZIP: VENICE, FL 34292

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARR 4 - 2007

941-953-9772

Date

Daytime Phone #