

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90199 006 \*\*\*\*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

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 is required with this statement)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 DS ☒ Delete  
NAME SHAFER, JENNIFER  
STREET ADDRESS 2055 WOOD STREET, SUITE 202  
CITY- ST- ZIP SARASOTA FL 34237

TITLE VD ☐ Delete  
NAME HINES, CHARLES ESQ  
STREET ADDRESS 771 COMMERCE DR. #1  
CITY- ST- ZIP VENICE FL 34292

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME **DAVID HOWELL**  
STREET ADDRESS **12002 MIRAMAR PKWY**  
CITY- ST- ZIP **MIRAMAR, FL 33025**

TITLE ☐ Change ☒ Addition  
NAME **RENEE RICHARDSON KLING**  
STREET ADDRESS **2055 WOOD ST. #202**  
CITY- ST- ZIP **SARASOTA, FL 34237**

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

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 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

*[Handwritten Signature]*