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04-07-1999 90046 035 ****61.75

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003697

1. Corporation Name

HILLSBOROUGH RIVER RIDERS, INC.

Principal Place of Business

SHONEY'S
1031 FOWLER AVE
TAMPA FL

Mailing Address

PO BOX 351
LUTZ FL 33548



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/15/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number :
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANETTA, SHANNO
3540 E KNIGHTS GRIFFIN RD
PLANT CITY FL 33565

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **VARGH, KRISTIE**
STREET ADDRESS **211 WAIN RANCH RD**
CITY-ST-ZIP **LUTZ FL 33549**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **SHANNON VANETTA**
1.3 STREET ADDRESS **3540 E KNIGHTS GRIFFIN**
1.4 CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE **D** ☐ DELETE
NAME **VANNETTA, PAT**
STREET ADDRESS **3540 E KNIGHTS GRIFFIN RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS **SAME**
2.4 CITY-ST-ZIP **SAME**

TITLE **D** ☐ DELETE
NAME **COLEMAN, RANDY**
STREET ADDRESS **2107 RAMBLEWOOD LANE**
CITY-ST-ZIP **BRANDON FL 33510**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **HABORA, SANDRA**
STREET ADDRESS **6104 IKE SMITH RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SAME**
4.3 STREET ADDRESS **SAME**
4.4 CITY-ST-ZIP **SAME**

TITLE **V** ☒ DELETE
NAME **LABRADOR, LOUIE**
STREET ADDRESS **3440 S 70TH ST**
CITY-ST-ZIP **TAMPA FL 33619**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **JOHN VANDERKAM**
5.3 STREET ADDRESS **6403 118TH AVE**
5.4 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **T** ☐ DELETE
NAME **PERNAS, IVETTE**
STREET ADDRESS **18110 N 30TH ST**
CITY-ST-ZIP **LUTZ FL 33549**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

SIGNATURE REQUIRED **PERNAS** **3/16/99** **8139480688**

CR2E037 (11/98)