## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700005056  1. Entity Name					Feb 22, 2000 8:00 an Secretary of State					
RIVERLA	IND GROVES PRO	PERTY OWN	NERS ASSOCIATION	, IN		!	02-22-2000 900	057 020 ****	61.25	i
Principal Plac	ee of Business		Mailing Address							
206 NORTH 6TH AVENUE WAUCHULA FL 33873-6325			P.O. BOX 2325 WAUCHULA FL 33873-6325			715781				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			05 0007700			plied For t Applicat	
Zip	Country	,	Zip .	Country		5. Certificate of	of Status Desired		5 Add	litional
	6. Name and Addres	ss of Current R	egistered Agent	Non		7. Name and	Address of New Re	gistered Agent		
				Nan						
SEE, JAM	EŞ V JR			Stre	et Address (F	P.O. Box Number	is Not Acceptable)			
206 NORTH 6TH AVENUE										
WAUCHULA FL 33873-6325				City	City Zip Code					
				_ <u></u>				FL   <sup>2</sup>	<del></del>	
8. The above	named entity submits thi	s statement for t	he purpose of changing its	registered offic	ce or registere	ed agent, or both	i, in the state of Flori	ida.		
SIGNATURE			All Transfer	E Brothward &				DATE		
	Signature, typed or printed name	or registered agent an	digite if applicable. (NOTI	E: Registered Agent s	signature required	when reinstating)	<u>-</u>	DAIE		
9. Election Campaigr			n Financing	<b>ቁ</b> ፍ በ	<b>0</b> May Be	Make	Check Paya	ble to	1	
FEE IS \$61.25			, , , , , , , , , , , , , , , , , , ,			d to Fees Department of State				
<u> </u>	: .			T-44			NOTE TO OFFICE	O AND DIDECT	DDC IN	
10.	P *	CERS AND DIRE		11.			NGES TO OFFICER		JH2 IIV	
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CITY-ST-ZIP		enue	☐ Delete			<u>ADDITIONS/CHA</u>				
	WAUCHULA FL 3387		☐ Delete	NAME		ADDITIONS/CHA				
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATE SECTIONS

863-773-9725

**FILED**