

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90057 020 ****61.25

DOCUMENT # N97000005056

1. Entity Name

Via Certified
Return Receipt

RIVERLAND GROVES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

206 NORTH 6TH AVENUE
WAUCHULA FL 33873-6325

P.O. BOX 2325
WAUCHULA FL 33873-6325

715781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0897722

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SEE, JAMES V JR
206 NORTH 6TH AVENUE
WAUCHULA FL 33873-6325

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 P
NAME SEE, JAMES V JR
STREET ADDRESS 206 NORTH 6TH AVENUE
CITY-ST-ZIP WAUCHULA FL 33873-6325 ☐ Delete

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

TITLE D
NAME NIGH, THOMAS C
STREET ADDRESS 4427 GARWOOD PLACE
CITY-ST-ZIP RICHMOND IN 47347 ☐ Delete

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

TITLE D
NAME CRAWFORD, JEFF
STREET ADDRESS 9550 COUNTY ROAD 507
CITY-ST-ZIP FELLSMERE FL 32948 ☐ Delete

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

TITLE D
NAME ROBBINS, PETER G
STREET ADDRESS 274 RIVERSIDE AVENUE - FIRST FLOOR
CITY-ST-ZIP WESTPORT CT 06880 ☐ Delete

TITLE D
NAME ROBBINS, PETER G
STREET ADDRESS 180 POST ROAD EAST
CITY-ST-ZIP WESTPORT, CT 06880 ☒ Change ☐ Add

TITLE D
NAME MCKANE, DAVID B
STREET ADDRESS 274 RIVERSIDE AVENUE - FIRST FLOOR
CITY-ST-ZIP WESTPORT CT 06880 ☐ Delete

TITLE D
NAME MCKANE, DAVID B
STREET ADDRESS 180 POST ROAD EAST
CITY-ST-ZIP WESTPORT, CT 06880 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

863-773-9725