

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006296

1. Entity Name

RIVERSIDE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

3711 SE 10TH AVE  
CAPE CORAL FL 33904

P.O. BOX 730  
CAPE CORAL FL 33910-0749

2. Principal Place of Business

3. Mailing Address

3711 SE 10TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201

City & State

City & State

CAPE CORAL, FL

Zip

Country

Zip

33904

Country

USA

4. FEI Number

65-0884419

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

COPPOLINO, MARY  
3711 SE 10TH AVE  
CAPE CORAL FL 33904

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

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RICCA, ROBERT J	
STREET ADDRESS	P O BOX 730 N/A	
CITY-ST-ZIP	CAPE CORAL FL 33910	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COPPOLINO, MARY	
STREET ADDRESS	3711 SE 10TH AVE #201	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDREWS, JOHN	
STREET ADDRESS	3711 SE 10TH AVE #201	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET LIGHT	
STREET ADDRESS	3711 SE 10TH AVE #101	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

MARY COPPOLINO, PRES. 2/1/00 (941) 541-0000

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90047 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE