

# 20Q1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007075

1. Entity Name

MYAKKA RIVER SCENIC LANDOWNERS ASSOCIATION, INC.

Principal Place of Business

463 U.S. HIGHWAY 41 BY-PASS SOUTH  
VENICE FL 34292

Mailing Address

463 U.S. HIGHWAY 41 BY-PASS SOUTH  
VENICE FL 34292

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, RICHARD L  
2070 RINGLING BLVD.  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

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 D ☐ Delete  
NAME LIGON, JOE K  
STREET ADDRESS 215 PALM DRIVE  
CITY-ST-ZIP VENICE FL 34292

TITLE D ☐ Delete  
NAME GIORGETTI, PAUL J  
STREET ADDRESS 1501 BLUE HERON DRIVE  
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☒ Delete  
NAME TAYLOR, THOMAS H JR.  
STREET ADDRESS 7000S TAMiami TRAIL  
CITY-ST-ZIP VENICE FL 34293

TITLE D ☐ Delete  
NAME PINKERTON, SCOTT  
STREET ADDRESS 102 HANCHEY BLVD.  
CITY-ST-ZIP VENICE FL 34292

TITLE D ☐ Delete  
NAME VETS, PHILIP  
STREET ADDRESS 817 BRENTWOOD DRIVE  
CITY-ST-ZIP VENICE FL 34292

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

SIGNATURE:

*JOE K LIGON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 JAN 61

941-484-8481

Date

Daytime Phone #

FILED  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90303 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)