

2000. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002865

FILED
Aug 29, 2000 8:00 am
Secretary of State

05-04-2000 90142 004 ****70.00

1. Entity Name

RIVER OAKS MASTER PROPERTY OWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

4830 W. KENNEDY BLVD., STE. 740
TAMPA FL 336094830 W. KENNEDY BLVD., STE. 740
TAMPA FL 33609-2581

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3579414

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

RICHLAND PROPERTIES, INC.
4830 W. KENNEDY BLVD., STE. 740
TAMPA FL 33609

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME WILKINSON, CURT
STREET ADDRESS 4830 W. KENNEDY BLVD., STE. 740
CITY-ST-ZIP TAMPA FL 33609☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME ROSE, SAMUEL K
STREET ADDRESS 4830 W. KENNEDY BLVD., STE. 740
CITY-ST-ZIP TAMPA FL 33609☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME WEST, DALE
STREET ADDRESS 4830 W. KENNEDY BLVD., STE. 740
CITY-ST-ZIP TAMPA FL 33609☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME Stephen Hearon
STREET ADDRESS 1120 S. Semoran Blvd. #1120
CITY-ST-ZIP Winter Park, FL 32792 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel K. Ross

V.P./Secretary 4/26/00 (813) 286-4140

CR2E037 (9/99)