

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90998 004 \*\*\*\*70.00

**DOCUMENT # N99000002865**

1. Entity Name

**RIVER OAKS MASTER PROPERTY OWNERS ASSOCIATION, I**

Principal Place of Business

Mailing Address

**4830 W. KENNEDY BLVD., STE. 740  
TAMPA FL 33609**

**4830 W. KENNEDY BLVD., STE. 740  
TAMPA FL 33609**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4890 W. Kennedy Boulevard**

3. Mailing Address

**4890 W. Kennedy Boulevard**

Suite, Apt. #, etc.

**Suite #850**

Suite, Apt. #, etc.

**Suite #850**

City & State **Tampa, Florida**

City & State **Tampa, Florida**

4. FEI Number

**59-3579414**

Applied For

Not Applicable

Zip **33609-1863**

Country **USA**

Zip **33609-1863**

Country **USA**

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Samuel K. Ross**

Street Address (P.O. Box Number is Not Acceptable)

**4890 W. Kennedy Boulevard**

**Suite #850**

City

**Tampa**

**FL**

Zip Code  
**33609-1863**

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)

**4-26-2001**

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 **WILKINSON, CURT**  
STREET ADDRESS **4830 W. KENNEDY BLVD., STE. 740**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete  
NAME **WEST, DALE**  
STREET ADDRESS **4830 W. KENNEDY BLVD., STE. 740**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete  
NAME **HEARON, STEPHEN**  
STREET ADDRESS **1120 S SEMORAN BLVD #1120**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4890 W. Kennedy Blvd., #850**  
CITY-ST-ZIP **Tampa, Florida 33609-1863**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4890 W. Kennedy Blvd., #850**  
CITY-ST-ZIP **Tampa, Florida 33609-1863**

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  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dale West**

Date

Daytime Phone #

**813-286-4140**

CR2E037 (10/00)