AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002865

1. Entity Name

RIVER OAKS MASTER PROPERTY OWNERS ASSOCIATION, INC.

FILED

01 JUL 16 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4890 W. Kennedy Blvd. Suite #850 Tampa, FL 33609-1863	4890 W. Kennedy Blvd. Suite #850 Tampa, FL 33609-1863

2. Principal Place of Business	3. Mailing Address
4890 W. Kennedy Boulevard	4890 W. Kennedy Boulevard
Suite, Apt. #, etc.: Suite #850	Suite, Apt. #, etc.: Suite #850
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33609-1863 Country: USA	Zip: 33609-1863 Country: USA

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
ROSS, SAM K. 4890 W. Kennedy Blvd., Suite #850 Tampa, FL 33609-1863	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILKINSON, CURT 4890 W. Kennedy Blvd., Ste. #850 Tampa, FL 33609-1863	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEPLITSKY, IGOR 4890 W. Kennedy Blvd., Ste. #850 Tampa, FL 33609-1863	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, DALE 4890 W. Kennedy Blvd., Ste. #850 Tampa, FL 33609-1863	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, DENNIS 4890 W. Kennedy Blvd., Ste. #850 Tampa, FL 33609-1863	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEARON, STEPHEN 1120 S. Semoran Blvd., #1120 Winter Park, FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAINER, ROY 4890 W. Kennedy Blvd., Ste. #850 Tampa, FL 33609-1863	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200004533982-3 -08/14/01--01048--039 *****43.75 *****43.75	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S ANDERSON, MARILYN 4890 W. Kennedy Blvd., Ste. #850 Tampa, FL 33609-1863	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200004533982-3 -08/14/01--01048--040 *****26.25 *****26.25	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S DAVIS, LYAL 4890 W. Kennedy Blvd., Ste. 850 Tampa, FL 33609-1863	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: _____ Roy Gainer, President 7/11/01 407-678-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #