

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90186 008 ****61.25

03/03/01

DOCUMENT # N99000004354

1. Entity Name

RIVER LANDINGS CENTRE WEST ASSOCIATION, INC.

Principal Place of Business

3711 CORTEZ ROAD W. SUITE 300
 BRADENTON FL 34210

Mailing Address

3711 CORTEZ ROAD W. SUITE 300
 BRADENTON FL 34210

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

65-0945983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHIER, JAMES R
3711 CORTEZ ROAD W, SUITE 300
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name

ANN M. OLSON

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

3711 CORTEZ ROAD WEST

Suite 300

City

BRADENTON

FL

Zip Code

34210

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

Ann M. Olson

ANN M. OLSON

4/19/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHIER, JAMES R	
STREET ADDRESS	3711 CORTEZ RD W,	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLSON, ANN M	
STREET ADDRESS	3711 CORTEZ RD W,	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BUSKIRK, FRANK A	
STREET ADDRESS	3711 CORTEZ RD W,	
CITY-ST-ZIP	BRADENTON FL 34210	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK K. NEAL	
STREET ADDRESS	3711 CORTEZ RD W, Suite 300	
CITY-ST-ZIP	BRADENTON FL 34210	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann M. Olson

ANN M. OLSON

4/19/01

941-756-0677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)