

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057506

1. Entity Name

RIVERSIDE OCP LAND COMPANY

Principal Place of Business

Mailing Address

10407 CENTURION PARKWAY NORTH  
SUITE 108  
JACKSONVILLE FL 32256

10407 CENTURION PARKWAY NORTH  
SUITE 108  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Case Pomeroy Properties

Case Pomeroy Properties

Suite, Apt. #, etc. Suite 109

Suite, Apt. #, etc. Suite 109

1400 Marsh Landing Pky.

1400 Marsh Landing Pky.

City & State

City & State

4. FEI Number

59-3652118

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

FILE NOW!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Douglas W. McNeill	
STREET ADDRESS	1400 Marsh Landing Pky, Ste. 109	
CITY-STATE-ZIP	Jacksonville Beach, FL 32250	
TITLE	V	<input type="checkbox"/> Delete
NAME	Gilbert G. Cubbage	
STREET ADDRESS	1400 Marsh Landing Pky, Ste. 109	
CITY-STATE-ZIP	Jacksonville Beach, FL 32250	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Douglas B. Keith III	
STREET ADDRESS	1400 Marsh Landing Pky, Ste. 109	
CITY-STATE-ZIP	Jacksonville Beach, FL 32250	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Adele R. Wailand	
STREET ADDRESS	1400 Marsh Landing Pky, Ste. 109	
CITY-STATE-ZIP	Jacksonville Beach, FL 32250	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Felix M. Lista	
STREET ADDRESS	1400 Marsh Landing Pky, Ste. 109	
CITY-STATE-ZIP	Jacksonville Beach, FL 32250	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Sharon A. Lynn	
STREET ADDRESS	1400 Marsh Landing Pky, Ste. 109	
CITY-STATE-ZIP	Jacksonville Beach, FL 32250	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. 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 no 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Douglas W. McNeill

Date

Daytime Phone #

4/23/01 904-280-4077

4/

FILED  
May 24, 2001 8:00 am  
Secretary of State

04-30-2001 90418 021 \*\*\*150.00

3340



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)