

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 037 ***150.00

DOCUMENT # 062000036122

1. Entity Name

Riverdale Chamber of Commerce, Inc.
15880 Rivercreek Ct.
Alva, FL 33920



DO NOT WRITE IN THIS SPACE

11029464

2. Principal Place of Business

15880 Rivercreek Ct.

Suite, Apt. #, etc.

3. Mailing Address

15880 Rivercreek Ct.

Suite, Apt. #, etc.

City & State

Alva, FL 33920

City & State

Alva, FL

4. FEI Number

02-067 7244

Applied For

Not Applicable

Zip

33920

Country

Lee

Zip

33920

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Doris J Bella

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

15880 Rivercreek Ct.

City

Alva

FL

Zip Code

33920

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Doris J Bella - President
15880 Rivercreek Ct.
Alva, FL 33920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris J Bella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-03 239-693-8458

Date

Daytime Phone

CR2E034B (12/02)