

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90327 014 ***150.00

DOCUMENT # P02000067574

1. Entity Name
RIVER ROAD HUNT CLUB, INC.



Principal Place of Business
**100 S ASHLEY DRIVE STE 2150
TAMPA FL 33602**

Mailing Address
**100 S ASHLEY DRIVE STE 2150
TAMPA FL 33602**

2. Principal Place of Business
3333 W. Kennedy Blvd.

3. Mailing Address
3333 W. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 206

Suite, Apt. #, etc.
Suite 206

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33609

Country
USA

Zip
33609

Country
USA

4. FEI Number
75 3069562

Applied For
☐ Not Applicable

5. Certificate of Status Desired: ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HODGES, GEOFFREY T
601 S HARBOUR ISL BLVD
SUITE 200
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
WILLIAM P. CURTIS
Street Address (P.O. Box Number is Not Acceptable)
3333 W. Kennedy Blvd., Suite 206
City
Tampa **FL** Zip Code
33609

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 *William P. Curtis* **William P. Curtis** **1/13/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D SAAD, STEWART 100 S ASHLEY DRIVE STE 2150 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *William P. Curtis* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Curtis **813-875-6324**
1/23/03
Date Daytime Phone #

CR2E034 (10/02)