

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90610 021 ***150.00

DOCUMENT # P02000122713

1. Entity Name

RIPTIDE WATERFRONT PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
David J. Schottenfeld P.A.

3. Mailing Address
Same

Suite, Apt. #, etc.
7520 NW 5 Street #203

Suite, Apt. #, etc.

City & State
Plantation, Florida

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33317

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
DAVID-J. SCHOTTENFELD, ESQ.

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

7520 NW 5 Street - Suite 203

City Plantation

FL

Zip Code 33317

**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 \$81.25

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 Director
NAME MAUREEN RUSSELL
STREET ADDRESS 2200 S. Ocean Lane # 207
CITY-ST-ZIP Fort Lauderdale, Florida 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME SHANNON BANGERTE
STREET ADDRESS 1010 Seminole Drive #1207
CITY-ST-ZIP Fort Lauderdale, Florida 33304

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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 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; and that I am a 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 authorized signature with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-03 954-764-0278

CR2E034B (12/02)