

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000076246**

1. Entity Name

**SEVEN RIVERS PROPERTY INVESTORS, INC.****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90093 014 \*\*\*150.00

Principal Place of Business	Mailing Address
C/O RANIERI & CO INC 50 CHARLES LINDBERGH BLVD. STE 500 UNIONDALE NY 11553 US	C/O RANIERI & CO INC 50 CHARLES LINDBERGH BLVD. STE 500 UNIONDALE NY 11553-3650 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3217460**

Applied For

Not Applicable

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****THE PRENTICE HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES STREET, SUITE 105**  
**TALLAHASSEE FL 32301**

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	DCP			
	RANIERI, LEWIS S	50 CHARLES LINDBERGH BOULEVARD, STE. 500	UNIONDALE NY 11553	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D				
	John F. Mullen	50 Charles Lindbergh Blvd., Ste 500	Uniondale, NY 11553		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DV			
	SHAY, SCOTT A	50 CHARLES LINDBERGH BLVD., STE. 500	UNIONDALE NY 11553	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DP				
	Michael Bertocchi	1400 N Harwick Pt	Crystal River, FL 34429		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	S			
	BRANDT, LAURA M	50 CHARLES LINDBERGH BLVD., SUITE 500	UNIONDALE NY 11553	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	DC				
	Ranieri, Lewis S.	50 Charles Lindbergh Blvd., Ste 500	Uniondale, NY 11553		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	T			
	PERRO, ROBERT A	50 CHARLES LINDBERGH BLVD., STE. 500	UNIONDALE NY	

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"/> Delete
	D			
	WEISS, KENNETH C	165 BROADWAY	NEW YORK NY 10006	

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"/> Delete

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

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 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 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

Date

Daytime Phone #

CR2E034 (9/99)