

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90118 025 ***150.00

DOCUMENT # P93000076246

1. Entity Name
SEVEN RIVERS PROPERTY INVESTORS, INC.

Principal Place of Business

**4007 NORTH LECANTO HWY
 BEVERLY HILLS FL 34465
 US**

Mailing Address

**C/O RANIERI & CO INC
 50 CHARLES LINDBERGH BLVD. STE 500
 UNIONDALE NY 11553
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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 HAYS 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, 2002 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 ☐ Delete
NAME **DC.**
STREET ADDRESS **RANIERI, LEWIS S**
CITY-ST-ZIP **50 CHARLES LINDBERGH BLVD SUITE 500
 UNIONDALE NY 11553**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **SHAY, SCOTT A**
CITY-ST-ZIP **50 CHARLES LINDBERGH BLVD., STE. 500
 UNIONDALE NY 11553**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BERTOCCHI, MICHAEL**
CITY-ST-ZIP **1400 N HARWICK PT
 CRYSTAL RIVER FL 34429**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T\$**
STREET ADDRESS **PERRO, ROBERT A**
CITY-ST-ZIP **50 CHARLES LINDBERGH BLVD., STE. 500
 UNIONDALE NY 11553**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Perro, Robert A.**
CITY-ST-ZIP **50 Charles Lindbergh Blvd., Suite 500
 Uniondale, NY 11553**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **WEISS, KENNETH C**
CITY-ST-ZIP **30 ROCKEFELLER PLAZA
 NEW YORK NY 10112**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **John Mullen**
CITY-ST-ZIP **50 Charles Lindbergh Blvd., STE 500
 Uniondale, NY 11553**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **Steele, Christopher J.**
CITY-ST-ZIP **50 Charles Lindbergh Blvd., Suite 500
 Uniondale, NY 11553**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Steele, Christopher J.**
CITY-ST-ZIP **50 Charles Lindbergh Blvd., Suite 500
 Uniondale, NY 11553**

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:

Robert A. Perro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Treasurer)

4/05/02

(516) 745-6644

Date

Daytime Phone #

CR2E034 (9/01)