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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90097 008 ***150.00

91213

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000063947

1. Entity Name
THE TRAILS AT RIVARD, INC.

Principal Place of Business	Mailing Address
~~31111 U.S. HIGHWAY 19 NORTH~~	~~3111 U.S. HIGHWAY 19 NORTH~~
~~PALM HARBOR FL 34684~~	~~PALM HARBOR FL 34684~~

2. Principal Place of Business	3. Mailing Address
2727 Ulmerton Road	2727 Ulmerton Road
Suite, Apt. #, etc.: 350	Suite, Apt. #, etc.: 350
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33762 / Country: USA	Zip: 33762 / Country: USA

4. FEI Number 65-0615147 — 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
~~MACONI, MARK~~	Name: Tracy Burnes
~~31111 U.S. HIGHWAY 19 NORTH~~	Street Address (P.O. Box Number is Not Acceptable): 2727 Ulmerton Road, Suite 350
~~PALM HARBOR FL 34684~~	City: Clearwater FL Zip Code: 33762

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 Tracy Burnes — Tracy Burnes
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: ~~PD~~ ☐ ~~Delete~~ NAME: MACONI, MARK STREET ADDRESS: 31111 U.S. HIGHWAY 19 NORTH CITY-ST-ZIP: PALM HARBOR FL 34684	TITLE: D ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ~~DVST~~ ☐ ~~Delete~~ NAME: NIKJEH, FARHOD M STREET ADDRESS: 31125 U S HIGHWAY 19 NORTH CITY-ST-ZIP: PALM HARBOR FL 34684	TITLE: D ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ~~D/S~~ ☐ Change ~~☐ Addition~~ NAME: ~~Donald Merskin~~ STREET ADDRESS: ~~2676-3 Bayshore Boulevard~~ CITY-ST-ZIP: ~~Dunedin, FL 34698~~
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ~~VP/S/T/D~~ ☐ Change ~~☐ Addition~~ NAME: ~~William E. Geiger~~ STREET ADDRESS: ~~2727 Ulmerton Road, Suite 350~~ CITY-ST-ZIP: ~~Clearwater, FL 33762~~
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: P/VP/S ☐ Change XX Addition NAME: Donald Munro STREET ADDRESS: 2727 Ulmerton Road CITY-ST-ZIP: Clearwater, FL 33762
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E034 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #