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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

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~~

91213

[redacted]

DO NOT WRITE IN THIS SPACE

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 DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 #