

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # *P95000063947*

1. Entity Name

The Trails At Rivard, Inc.



FILED

03 JUN 11 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12600 S. Belcher Rd.

Suite, Apt. #, etc.

106A

City & State

Largo FL

Zip

33773

Country

Pineellas

3. Mailing Address

12600 S. Belcher Rd.

Suite, Apt. #, etc.

106A

City & State

Largo FL

Zip

33773

Country

Pineellas

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4. FEI Number

65-0615147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tracy Byrnes

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

2727 Wilmerton Rd, Ste. 350

City

Clearwater

FL

Zip Code

33762

**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.

NA

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 \$61.25

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	<i>Pres., Dir.</i>
NAME	<i>William Z. Geiger</i>
STREET ADDRESS	<i>12600 S. Belcher Rd 106A</i>
CITY-ST-ZIP	<i>Largo FL 33773</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03

Date

Daytime Phone #

CR2E034B (12/02)