2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # P95000074705** RIVERSIDE VILLAGE, INC. 03-12-2001 90469 027 ***150.00 Principal Place of Business Mailing Address 3331 E. RIVERSIDE DRIVE 3331 E. RIVERSIDE DRIVE FORT MYERS FL 33916-1457 FORT MYERS FL 33916-1457 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0626446 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGERSON, STEVE Street Address (P.O. Box Number is Not Acceptable) 7574 TANIA LANE NRTH FORT MYERS FL 33917 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ALBIN, JANEENE NAME NAME P O BOX 50412 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33994 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Detete TITLE ROGERSON, STEVE NAME NAME 7574 TANIA LANE STREET ADDRESS 16121 N. RIVER ROAD ALUA, FL 33920 STREET ADDRESS NORTH FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ALBIN, DAVID R NAME NAME P O BOX 50412 STREET ADDRESS STREET ADDRESS FT MYERS FL 33994 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

-ANCENE ALBIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

SIGNATURE:

FILED