

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90052 009 ***150.00

DOCUMENT # **P95000075262**

1. Entity Name

RIVERSIDE FINANCIAL COMPANY
417 5TH AVE

Principal Place of Business

417 5TH AVE

INDIALANTIC FL 32903 US

Mailing Address

PO BOX 33598

INDIALANTIC FL 32903 US

2. Principal Place of Business

3. Mailing Address

2810 US HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & State
FORT PIERCE, FL

4. FEI Number
650613800

Applied For
Not Applicable

Zip

Country

Zip

Country

34982

US

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

ROBERT HEATWOLE
501 N MIRAMAR
INDIALANTIC FL 32903

Name

Street Address (P.O. Box Number is Not Acceptable)
417 5TH AVE

City
INDIALANTIC

FL **Zip Code**
32903

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SMITH, VERNON D	501 N MIRAMAR	INDIALANTIC FL 32903	<input type="checkbox"/>
VD	CREAMER, JAMES E	500 N MIRAMAR	INDIALANTIC FL 32903	<input type="checkbox"/>
VD	HAYES, RODNEY	500 N MIRAMAR	INDIALANTIC FL 32903	<input checked="" type="checkbox"/>
VD	MCGRATH, LAWRENCE	500 N MIRAMAR	INDIALANTIC FL 32903	<input type="checkbox"/>
STD	HENLEBEN, ROBERT	500 N MIRAMAR	INDIALANTIC FL 32903	<input checked="" type="checkbox"/>
D	MCGOFFIN, ROBERT	500 N MIRAMAR	INDIALANTIC FL 32903	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	SMITH, VERNON D	417 5TH AVE	INDIALANTIC FL 32903	<input checked="" type="checkbox"/>
VD	CREAMER, JAMES E	417 5TH AVE	INDIALANTIC FL 32903	<input checked="" type="checkbox"/>
VD	MCGRATH, LAWRENCE	417 5TH AVE	INDIALANTIC FL 32903	<input checked="" type="checkbox"/>
D	MCGOFFIN, ROBERT	417 5TH AVE	INDIALANTIC FL 32903	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry McGrath

Date

Daytime Phone #

CR2E034 (11/00)