

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90382 040 ***150.00

DOCUMENT # P95000094904

1. Entity Name
100, RIVERSIDE, INC.



Principal Place of Business
**1880 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34952
US**

Mailing Address
**1880 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34952
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1880 SE Port St Lucie Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port St Lucie, FL

City & State

4. FEI Number **65-0630233**

Applied For

Not Applicable

Zip
34952

Country
US

Zip

Country

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

**GACHE', WILLIAM F
1880 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34952**

Name

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

City

FL

Zip Code

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.

SIGNATURE **William F Gache'**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **CHILLEMI, NICHOLAS**
STREET ADDRESS **2895 S.E. OCEAN BLVD.**
CITY-ST-ZIP **STUART FL 34996**

TITLE **Director** ☒ Change ☐ Addition
NAME **Chillemi, Nicholas**
STREET ADDRESS **1880 SE, Port St Lucie Blvd.**
CITY-ST-ZIP **Port Saint Lucie FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **William F. Gache'**
STREET ADDRESS **1880 SE Port St Lucie Blvd.**
CITY-ST-ZIP **Port Saint Lucie FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William F Gache'**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/03 772-337-9600

CR2E034 (10/02)