

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019700

1. Entity Name

RIVERSIDE CASUAL, INC.

Principal Place of Business

1565 NE 26TH ST
FT LAUDERDALE FL 33305

Mailing Address

1565 NE 26TH ST
FT LAUDERDALE FL 33305-1323

2. Principal Place of Business

1007 N. Federal

3. Mailing Address

Hwy. # 309

Suite, Apt. #, etc.

Ft. Lauderdale, Fl.

Suite, Apt. #, etc.

Fl. 33304

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0663235

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

THOMAS, DONALD R
1565 NE 26TH ST
FT LAUDERDALE FL 33305

Name

Don Thomas

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

1007 N. Federal Hwy.

Ft. Lauderdale, Fl. 33304

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.

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	THOMAS, DONALD R	
STREET ADDRESS	1565 NE 26TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Thomas	
STREET ADDRESS	1007 N. Federal Hwy. # 309	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 29 2000

Date

Daytime Phone #

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90010 040 ***150.00



DO NOT WRITE IN THIS SPACE

Don Thomas
SIGNED

954 - 781-8366