

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90048 010 \*\*\*150.00

DOCUMENT # P96000044589

1. Corporation Name

RIVERGATE CORPORATION



Principal Place of Business

Mailing Address

~~9260 BAY PLAZA BLVD~~  
~~#501~~  
~~TAMPA FL 33619~~  
~~US~~

~~9260 BAY PLAZA BLVD~~  
~~#501~~  
~~TAMPA FL 33619~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

59-3380220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21. One Tampa City Ct  
Suite, Apt. #, etc.

26. One Tampa City Ct  
Suite, Apt. #, etc.

22. Suite 1900  
City & State

27. Suite 1900  
City & State

23. Tampa FL  
Zip Country

28. Tampa FL  
Zip Country

24. 33602 25. USA

29. 33602 30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESTER, EDGEL C JR ESQ  
C/O CARLTON FIELDS  
ONE HARBOUR PLACE  
TAMPA FL 33602

81. Name

~~Brian M. Ross~~ Brian M. Ross

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

3016 U.S. Hwy 301 North

83. City

~~Tampa~~ Suite 200

84. State

Tampa FL

85. Zip Code

33619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Brian M. Ross 2/4/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME LEWIS, JAMES W. JR.  
STREET ADDRESS 4507 COUNTRY GATE COURT  
CITY-ST-ZIP VALRICO FL

☒ DELETE

TITLE D  
NAME ROSS, BRIAN M.  
STREET ADDRESS 9324 WELLINGTON PARK CIRCLE  
CITY-ST-ZIP TAMPA FL 33647

☐ DELETE

TITLE D  
NAME LEWIS, CHRISTOPHER  
STREET ADDRESS 4609 CLARKSDOLE LANE  
CITY-ST-ZIP BRADON FL

☒ DELETE

TITLE D  
NAME LEWIS, BETH C  
STREET ADDRESS 4507 COUNTRY GATE COURT  
CITY-ST-ZIP VALRICO FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

Dr. ~~James C. Ross Sr.~~ James C. Ross Sr.

1.2 NAME

606 South Riverhills Drive

1.3 STREET ADDRESS

Temple Terrace, FL 33617

1.4 CITY-ST-ZIP

2.1 TITLE

Brian M. Ross

2.2 NAME

~~3016 U.S. Hwy 301 North~~ Suite 200

2.3 STREET ADDRESS

Tampa, FL 33619

2.4 CITY-ST-ZIP

3.1 TITLE

Ann McKee Ross

3.2 NAME

606 S. Riverhills Dr.

3.3 STREET ADDRESS

Temple Terrace FL 33617

3.4 CITY-ST-ZIP

4.1 TITLE

Wynne Weeks

4.2 NAME

P.O. Box 122547

4.3 STREET ADDRESS

Tampa FL 33672

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

2-4-99

813-244-538

CR2E034 (11/98)