

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90277 002 ***150.00

DOCUMENT # P96000044589

1. Entity Name
RIVERGATE CORPORATION



Principal Place of Business
**3018 US HWY 301 N
SUITE 900
TAMPA FL 33619
US**

Mailing Address
**3018 US HWY 301 N
SUITE 900
TAMPA FL 33619
US**



2. Principal Place of Business
606 S Riverhills Dr

3. Mailing Address
606 S. Riverhills Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Temple Terrace, FL

City & State
Temple Terrace, FL

4. FEI Number **59-3380220**

Applied For
Not Applicable

Zip Country
33617 USA

Zip Country
33617 USA

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

**ROSS, BRIAN M
3018 U.S. HIGHWAY 301 NORTH
SUITE 900
TAMPA FL 33619**

Name
Street Address (P.O. Box Number is Not Acceptable)
~~606 S Riverhills Dr~~
City ~~Temple Terrace~~ **FL** Zip Code ~~33617~~

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **ROSS, JAMES C SR**
STREET ADDRESS **606 SOUTH RIVERHILLS DRIVE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE **D** ☐ Delete
NAME **ROSS, BRIAN M**
STREET ADDRESS **3018 U.S. 301 NORTH STE 900**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ~~606 S Riverhills Dr~~
CITY-ST-ZIP ~~Temple Terrace, FL 33617~~

TITLE **D** ☐ Delete
NAME **MCKEEL ROSS, ANN**
STREET ADDRESS **606 S. RIVERHILLS DRIVE**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE **D** ☐ Delete
NAME **WEEKS, WYNNE**
STREET ADDRESS **P.O. BOX 172547**
CITY-ST-ZIP **TAMPA FL 33672**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ~~606 S Riverhills Dr~~
CITY-ST-ZIP ~~Temple Terrace, FL 33617~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03

813-246-5397

Date

Daytime Phone #

CR2E034 (10/02)