

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028901

1. Entity Name

RIVERA ISLE AND HARBOURAGE, INC.



Principal Place of Business

10541 PLYMOUTH DR. N
ST PETERSBURG FL 33702

Mailing Address

10541 PLYMOUTH DR. N
ST PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

737 Suwannee Ct NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

33702

Country

Pinellas

4. FEI Number

59-3439353

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

PYRON, RONALD H

737 SUWANEE COURT NE
ST PETERSBURG FL 33702

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

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 PYRON, RONALD H
STREET ADDRESS 10540 PLYMOUTH DR NE
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE D ☒ Change ☐ Addition
NAME Ronald H Pyron
STREET ADDRESS 737 Suwannee Ct NE
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE D ☐ Delete
NAME PYRON, JOYCE
STREET ADDRESS 10451 PLYMOUTH DR NE
CITY-ST-ZIP ST PETERSBURG FL 33702

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

TITLE D ☐ Delete
NAME PYRON, OAKLEY W
STREET ADDRESS 10541 PLYMOUTH DR NE
CITY-ST-ZIP ST PETERSBURG FL 33702

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03
Date

(813) 576-2424
Daytime Phone # 23013

0475837 AV

CR2E034 (10/02)

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

01-31-2003 90165 022 ***150.00

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☒ CHECK HERE IF MAKING CHANGES