

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90005 009 \*\*\*150.00

**DOCUMENT # P97000106168**

1. Entity Name  
**HOMES AT RIVER LODGE, INC.**

Principal Place of Business

2875 N.E. 191 STREET, PH 3A  
 AVENTURA FL 33180  
 US

Mailing Address

2875 N.E. 191 STREET, PH 3A  
 AVENTURA FL 33180  
 US

2. Principal Place of Business

**3440 HOLLYWOOD BLVD**

3. Mailing Address

**3440 HOLLYWOOD BLVD**

Suite, Apt. #, etc.

**SUITE 360**

Suite, Apt. #, etc.

**SUITE 360**

City & State

**HOLLYWOOD, FL**

City & State

**HOLLYWOOD, FL**

Zip

**33021**

Country

**USA**

Zip

**33021**

Country

**USA**

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E**  
**ROTH, ROUSSO & BENJAMIN, P.A.**  
**2875 N.E. 191 STREET, PH 3A**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

**MARK E. ROUSSO, ESQ.**

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

**3440 HOLLYWOOD BLVD, STE 360**

City

**HOLLYWOOD, FL**

**FL**

Zip Code  
**33021**

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

**2/20/01**

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, 2001 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

TITLE **VD** ☐ Delete  
 NAME **LOGIGNO, MICHAEL J**  
 STREET ADDRESS **2875 N.E. 191 STREET, PH 3A**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **ASTD** ☐ Delete  
 NAME **BARATTA, PAT**  
 STREET ADDRESS **2875 N.E. 191 STREET, PH 3A**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **PSD** ☐ Delete  
 NAME **HALL, JAMES W**  
 STREET ADDRESS **2875 N.E. 191 STREET, PH 3A**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VD** ☐ Delete  
 NAME **MCCORD, CASSANDRA**  
 STREET ADDRESS **2875 N.E. 191 STREET, PH 3A**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3440 HOLLYWOOD BLVD, STE 360**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3440 HOLLYWOOD BLVD, STE 360**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3440 HOLLYWOOD BLVD, STE 360**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3440 HOLLYWOOD BLVD, STE 360**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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

TITLE ☐ Change ☐ 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:

*James W. Hall* **James W. HALL** **1-29-01** **305-4660022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)