

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046850

1. Entity Name

CAFE RIVA, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90063 020 \*\*\*150.00

Principal Place of Business

4415 METRO PARKWAY, #114  
 FORT MYERS FL 33916

Mailing Address

12670 NEW BRITTANY BLVD., STE. 101  
 C/O ROBERT D. ROYSTON, JR., P.A.  
 FORT MYERS FL 33907-3650

2. Principal Place of Business

3949 Evans Ave #205  
 Suite, Apt. #, etc. #205  
 City & State Fort Myers FL 33901

3. Mailing Address

3949 Evans Ave #205  
 Suite, Apt. #, etc. #205  
 City & State Fort Myers FL 33901

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

FL 33901

Country

USA

Zip

33901

Country

USA

4. FEI Number

65-0838415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR  
 12670 NEW BRITTANY BLVD., STE. 101  
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name BENTLEY R. HOLLAND  
 Street Address (P.O. Box Number is Not Acceptable) C/O 3949 Evans Ave  
 City Fort Myers FL Zip Code 33901

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLAND, NANCY J 1806 S.E. FIRST STREET CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLLAND, BENTLEY R 1806 S.E. FIRST STREET CAPE CORAL FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLAND, BRUCE 1806 S.E. FIRST STREET CAPE CORAL FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MELNYK, BERNICE 1806 S.E. FIRST STREET CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

3/15/00

941-275-7166  
 941-356-5660