

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90001 003 \*\*\*150.00

0451124

**DOCUMENT # P98000048791**

1. Entity Name

**RIVERLAND VACATIONS INCORPORATED**

Principal Place of Business

**24102 PANTHER RD  
 ASTOR FL 32102**

Mailing Address

**24102 PANTHER RD  
 ASTOR FL 32102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3526479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PIKE, SHEILA ANN  
 24102 PANTHER RD  
 ASTOR FL 32102**

7. Name and Address of New Registered Agent

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.

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, 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 **D** ☐ Delete  
 NAME **PIKE, SHEILA ANN**  
 STREET ADDRESS **24102 PANTHER RD**  
 CITY-ST-ZIP **ASTOR FL 32102**

TITLE **D** ☐ Delete  
 NAME **PIKE, RAYMOND H**  
 STREET ADDRESS **24102 PANTHER RD**  
 CITY-ST-ZIP **ASTOR FL 32102**

TITLE **D** ☐ Delete  
 NAME **HUNTER, JULIE ANN**  
 STREET ADDRESS **5071 NORTH DUNDEE ST**  
 CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME **Julie Ann Hunter**  
 STREET ADDRESS **24102 Panther Rd**  
 CITY-ST-ZIP **Astor FL 32102**

TITLE ☐ Change ☐ Addition  
 NAME **Marilyn Hawk**  
 STREET ADDRESS **P.O. Box 194**  
 CITY-ST-ZIP **Astor FL 32102**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

(352) 759-2104