

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90254 037 ***150.00

DOCUMENT # P98000060835

1. Entity Name
RIVER RIDGE EAST, INC



Principal Place of Business
8201 RIVER RIDGE BLVD.
NEW PORT RICHEY FL 34654

Mailing Address
8201 RIVER RIDGE BLVD.
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

11324 Ridge Rd

11324 Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey FL

City & State
New Port Richey FL

Zip
34654

Country

Zip
34654

Country

4. FEI Number 59-3560366

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

ROBERT L. TANKEL, P.A.
1299 MAIN STREET
SUITE F
DUNEDIN FL 34698

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 _____ (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 PD
NAME BOYCE, M.D.
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11324 Ridge Rd
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VPST
NAME REYNOLDS, B.J.
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11324 Ridge Rd
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME NIELSEN, HELMAR
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11324 Ridge Rd
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

4-28-03 727 846-0000

Date Daytime Phone #

CR2E034 (10/02)