

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070209

1. Entity Name

RIVERSIDE INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90317 037 ***150.00

Principal Place of Business

238 SOUTH FRANKLIN STREET
TAMPA FL 33602
US

Mailing Address

238 SOUTH FRANKLIN STREET
TAMPA FL 33602-5330
US

2. Principal Place of Business

2687 CRYSTAL
DUNEDIN CIRCLE

3. Mailing Address

2687 CRYSTAL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN

City & State

DUNEDIN FL

4. FEI Number

59-3535098

Applied For

Not Applicable

Zip

34698

Country

PINELLAS

Zip

34698

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENA, MARK E

300 SOUTH HYDE PARK AVENUE SUITE 220
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Khalil Abdo

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

2687 CRYSTAL CIRCLE

City

DUNEDIN

FL

Zip Code

34698

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]
Signature, typed or printed name of registered agent and title if applicable

Khalil Abdo

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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	PD	<input type="checkbox"/> Delete
NAME	KHALIL, ABDO	
STREET ADDRESS	238 SOUTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	PENA, MARK E	
STREET ADDRESS	300 SOUTH HYDE PARK AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHALIL, ABDO	
STREET ADDRESS	2687 CRYSTAL CIRCLE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN FAIRBANKS	
STREET ADDRESS	2687 CRYSTAL CIRCLE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Khalil Abdo

Date

3/31/00 813 254 6969

Daytime Phone #