

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90168 036 ***150.00

DOCUMENT # P98000093155

1. Entity Name
RIVIERA DUNES RESORTS MANAGEMENT COMPANY



Principal Place of Business
104 HABEN BLVD
PALMETTO FL 34221
US

Mailing Address
104 HABEN BLVD
PALMETTO FL 34221
US

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 **65-0922182**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GRIMES, CALEB J
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRADFORD, DENNIS D	
STREET ADDRESS	13575 58TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MICHAEL A	
STREET ADDRESS	590 HABEN BLVD. 104 HABEN BLVD	
CITY-ST-ZIP	PALMETTO FL 34222-34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUBECK, JOSEPH G	
STREET ADDRESS	13575 58TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	SVENSON, LINDA J	
STREET ADDRESS	590 HABEN BLVD. 104 HABEN BLVD.	
CITY-ST-ZIP	PALMETTO FL 34222-34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 RIVERFRONT BLVD	
STREET ADDRESS	BRADENTON, FL 34205	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	825 PARKWAY ST. STE#4	
STREET ADDRESS	JUPITER, FL 33477	
CITY-ST-ZIP		
TITLE		<input checked="" 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		

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: *Linda J. Svenson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03 941-722-2690
Date Daytime Phone #

CR2E034 (10/02)