

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100319

1. Entity Name

RIVER LANDINGS EXECUTIVE CENTER, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90028 014 ***150.00

0402301

Principal Place of Business Mailing Address
6150 STATE ROAD 70 EAST 6150 STATE ROAD 70 EAST
BRADENTON FL 34203 BRADENTON FL 34203

764688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0907331 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CROGHAN, BERNARD M
300 RIVERSIDE DRIVE EAST #1400
BRADENTON FL 34208

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6150 State Road 70 East
City Bradenton FL Zip Code 34203

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 _____ (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 PD
NAME CROGHAN, BERNARD M
STREET ADDRESS 300 RIVERSIDE DR. E
CITY-ST-ZIP BRADENTON FL 34208
TITLE VPD
NAME ROBBINS, CHARLES E
STREET ADDRESS 4008 AVENIDA MADERA
CITY-ST-ZIP BRADENTON FL 34210
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6150 State Road 70 East
Bradenton, FL 34203
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
TITLE
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: Bernard M. Croghan Bernard M. Croghan 4/26/01 (941) 755-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)