

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003967

1. Entity Name

RIO TRAILER COURT, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90001 026 \*\*\*150.00

Principal Place of Business

1801 NE 4TH ST. #5  
STE 200  
BOYNTON BEACH FL 33432

Mailing Address

1801 NE 4TH ST. #5  
STE 200  
BOYNTON BEACH FL 33432

2. Principal Place of Business

1105 NE Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Address

2840 NW Boca Raton Blvd  
Suite, Apt. #, etc.  
Suite 101



DO NOT WRITE IN THIS SPACE

644275

City & State

Jensen Beach FL

City & State

Boca Raton, FL

4. FEI Number

65-0889333

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPILLANE, MARK

1801 NE 4TH ST. #5  
STE 200

BOYNTON BEACH FL 33432

2840 NW Boca Raton Blvd  
Suite 101  
Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name

Spillane & Company, Inc

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

2840 NW Boca Raton Blvd  
Suite 101

City

Boca Raton

FL

Zip Code

33431

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)

Spillane & Company, Inc by Mark D. Spillane 1-31-01  
as president

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 SPILLANE, MARK  
STREET ADDRESS 1801 NE 4TH ST. #5  
CITY-ST-ZIP BOYNTON BEACH FL 33432  
new address

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 2840 NW Boca Raton Blvd Suite 101  
CITY-ST-ZIP Boca Raton, FL 33431

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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 #

MARK D SPILLANE 1/10/01 561 742-1201

CR2E034 (10/00)