


FILED  
May 06, 2003 8:00 am  
Secretary of State

05-06-2003 90045 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000041992</b>					
1. Entity Name <b>RIVERSIDE COALITION, INC.</b>					
Principal Place of Business <b>7211 WEST CYPRESS HEAD DRIVE PARKLAND, FL 33067</b>			Mailing Address <b>7211 WEST CYPRESS HEAD DRIVE PARKLAND, FL 33067</b>		
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 <b>65-0917757</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FOREMAN, CATHERINE C 7211 WEST CYPRESS HEAD DRIVE PARKLAND, FL 33067</b>				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when it is personal)					
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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, KENNETH			NAME	
STREET ADDRESS	7211 WEST CYPRESS HEAD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFMANN, BRUCE			NAME	
STREET ADDRESS	7211 WEST CYPRESS HEAD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, REESE			NAME	
STREET ADDRESS	7211 WEST CYPRESS HEAD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, CATHERINE			NAME	
STREET ADDRESS	7211 WEST CYPRESS HEAD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 any attachment with an address, with all other like empowered.					
SIGNATURE <i>Catherine Foreman</i>				Date <i>5/29/03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

80114412



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)