

FILED
May 02, 2000 8:00 am
Secretary of State

01-20-2000 90239 033 ***150.00

DOCUMENT # P99000047868

1. Entity Name

RIVERSIDE PROPERTIES OF PASCO, INC.

Principal Place of Business

Mailing Address

6105 LAFAYETTE ST.
NEW PORT RICHEY FL 346526105 LAFAYETTE ST.
NEW PORT RICHEY FL 34652-2629

2. Principal Place of Business

3. Mailing Address

6105 Lafayette St.
Suite, Apt. #, etc.P.O. Box 1002
Suite, Apt. #, etc.

City & State

City & State

New Port Richey
FL 33652New Port Richey
FL 34652-1002

4. FEI Number

59-3580726

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, ROBERT M
6105 LAFAYETTE ST.
NEW PORT RICHEY FL 34652

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.

SIGNATURE

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

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT M JR.	
STREET ADDRESS	6105 LAFAYETTE ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SDV	<input type="checkbox"/> Delete
NAME	WILSON, DEBRA A	
STREET ADDRESS	6105 LAFAYETTE ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #