

DOCUMENT #

1. Entity Name

RIVERSIDE PROPERTIES OF WEST 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

New Port Richey, FL

Zip

County

Zip

County

34652

Pasco

34652-1002

Pasco

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
WILSON, ROBERT M
6105 LAFAYETTE ST
NEW PORT RICHEY FL 34652 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDV
WILSON, DEBRA A
6105 LAFAYETTE ST
NEW PORT RICHEY FL 34652 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

FILED
00 FEB 24 PM 1:58

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SP