

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90099 040 \*\*\*150.00

**C0027711**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000054417**

1. Entity Name  
**RIVERSIDE PROPERTIES OF WEST PASCO, INC.**

Principal Place of Business  
**6105 LAFAYETTE ST  
 NEW PORT RICHEY FL 34652**

Mailing Address  
**P.O. BOX 1002  
 NEW PORT RICHEY FL 34656-1002**

2. Principal Place of Business  
*Same*  
 Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3580726**

Applied For  
 Not Applicable

Zip Country

Zip Country

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 \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PDT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILSON, ROBERT M</b>		NAME		
STREET ADDRESS	<b>6105 LAFAYETTE ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>		CITY-ST-ZIP		
TITLE	<b>SDV</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILSON, DEBRA A</b>		NAME		
STREET ADDRESS	<b>6105 LAFAYETTE ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>		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		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

*Robert M. Wilson* **Robert M. Wilson**

Date

*2/22/01*

Daytime Phone #

*813-9279077*

CR2E034 (10/00)