

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90493 007 ***158.75

DOCUMENT # P99000055283

1. Entity Name

GHA RIVER POINTE, INC.

Principal Place of Business

Mailing Address

221 GRAND HARBOR BLVD
VERO BEACH FL 32967**2121 GRAND HARBOR BLVD**
VERO BEACH FL 32967-7216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

St

3755 7th Terrace
Suite 301
Vero Beach, FL 32960

City & State

Cit

Zip

Country

Zip

Country

4. FEI Number

59-3589780

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****HENN, PETER J**
2121 GRAND HARBOR BLVD
VERO BEACH FL 32967

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENN, PETER J	NAME	
STREET ADDRESS	2121 GRAND HARBOR BLVD	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32967	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	STORETVEDT, J.P.
STREET ADDRESS		STREET ADDRESS	2121 GRAND HARBOR BLVD
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CAVOTO, ROBERT
STREET ADDRESS		STREET ADDRESS	2121 GRAND HARBOR BLVD
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	<input type="checkbox"/> Delete	TITLE	VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BYRNE, SUE C.
STREET ADDRESS		STREET ADDRESS	2121 GRAND HARBOR BLVD
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	<input type="checkbox"/> Delete	TITLE	VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DALTON, DAWN M
STREET ADDRESS		STREET ADDRESS	2121 GRAND HARBOR BLVD
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	<input type="checkbox"/> Delete	TITLE	
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:

DAWN M. DALTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAWN M. DALTON, VP/SEC**4/24/00**

Date

561-778-0180

Daytime Phone #

CR2E034 (9/99)