## **2003 FOR PROFIT CORPORATION**

UN	IFORM BUSINE	SS REPORT	T (UBI	R)	Apr 30, 200	J3 8:U(	) am
DOCUMENT # P99000055283  1. Entity Name GHA RIVER POINTE, INC.					Secretary of State 04-30-2003 90129 039 ***150.00		
Principal Place of Business 2121 GRAND HARBOR BLVD VERO BEACH FL 32967  Mailing Address 2121 GRAND HARBOR BLVD VERO BEACH FL 32967  VERO BEACH FL 32967			/D		11000312	<b></b>	
2. Principal Place of Business 3. Mailing Address 3755 7th Terrace 3755 7th Terrace					<del> </del> 	43101 (1115) BIII (1110)	
Suite, Apt. <b>Suite</b>	301	Suite, Apt. #, etc. Suite 301			☐ CHECK HERE IF MA		
City & State  Vero Beach, FL		City & State  Vero Beach: FL			4. FEI Number 59-3589780	<u> </u>	oplied For ot Applicable
<sup>Zip</sup> 32960	Country US	32960	Country US		5. Certificate of Status Desired	Fee Require	
	6. Name and Address of Current F	Registered Agent	Nam	<u> </u>	7. Name and Address of New Register	red Agent	
HENN, PETER J				Street Address (P.O. Box Number is Not Acceptable) 3755 7th Terrace			
2121 GRAND HARBOR BLVD VERO BEACH FL 32967			<u> </u>	Suite 301			
			°₩e	ro Bea	ch, FL	FL 32960	e
8. The above the obligate SIGNATURE	e named entity submits this statement for tions of registered agent.		egistered office	e or register	ed agent, or both, in the State of Florida.	i am familiar with,	and accept
	Signature, typed or printed name of registered agent a	nd title if applicable.	ER J. HE	grature required	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.		May Be to Fees
10.	; OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENN, PETER J 2121 GRAND HARBOR BLVD VERO BEACH FL 32967	□ Delete	NAME STREET ADDRE	ss <b>375</b> :	n, Peter J. 5 7th Terrace, Suite 3 o Beach, FL 32960	Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NORTH, ANNABEL 3755 7TH TERRACE, STE 301 VERO BEACH FL 32960	□ Deletê	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	SS 375	th, Annabel 5 7th Terrace, Suite 3 o Beach, FL 32960	X Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCLAIN, MARY 3755 7TH TERRACE, STE 301 VERO BEACH FL 32960	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		O Beaglis : FD J270V	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORETVEDT, JAN PETTER 3755 7TH TERRACE, STE 301 VERO BEACH FL 32960	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRES CITY-ST-ZIP	SS		Change	Addition
TITLE NAME		☐ Delete	TITLE NAME	Se Se		☐ Change	Addition

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 an attachment with an address, with all other like empowered. SIGNATURE:

CITY-ST-ZIP

SKENATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING TO LEGE AND JUNE AND N

772-778-0180

Date

Daytime Phone #