2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 03, 2000 8:00 am Secretary of State DOCUMENT # P99000058171 1. Entity Name RIVERVIEW RIVERSIDE PROPERTIES. INC. 02-03-2000 90019 049 ***150.00 Mailing Address Principal Place of Business 726 WINTERBROOKE WAY 726 WINTERBROOKE WAY SUN CITY CENTER FL 33573-6962 SUN CITY CENTER FL 33573 LUUIDAUA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 40 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, ANNE E Street Address (P.O. Box Number is Not Acceptable) 726 WINTERBROOKE WAY SUN CITY CENTER FL 33573 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do só. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS DPV ☐ Addition TITLE TITLE Change JOHNSON, ANNE E NAME STREET ADDRESS STREET ADDRESS 726 WINTERBROOKE WAY CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Addition ☐ Delete TITLE ☐ Change TITLE **BURNS, CAROL A** NAME NAME STREET ADDRESS STREET ADDRESS 238 DAVIS ROAD CITY-ST-7IP CITY-ST-ZIP BEDFORD MA 01730 ☐ Change ☐ Addition TITLE □ Delete TITLE JOHNSON, DAVID'S NAME NAME 442 RIVA RIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT COLLINS CO 80526 FRANCK BURNS ☐ Change Addition TITLE □ Delete TITLE 238 DAVIS PU NAME NAME STREET ADDRESS STREET ADDRESS BEDBED mx 01730 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ANNETTE NAME NAME STREET ADDRESS STREET ADDRESS BLISS PL WINDSOR TO CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE

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 applicass, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATION (SINCEPER)

SEC. BRP IN

Daytime Phone #