## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P99000077828

1. Entity Name

THE AMERICAN RIVIERA OF SOUTHWEST FLORIDA, INC.



## **FILED** Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90234 007 \*\*\*150.00

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Principal Place of Business 27241 BAY LANDING DRIVE STE 3 BONITA SPRINGS FL 34135  Mailing Address 27241 BAY LANDING DRIVE S BONITA SPRINGS FL 34135				3				
2. Principal Plac	ce of Business	3. Mailing Address		·	—L <u>"                                   </u>	( 884) 401) 1164) I	IBBH 16881 IBHA I	1881 1811 1881
Suite. Apt. #,	etc.	Suite, Apt. #, etc.			☐ CHECK HE	RE IF MAKING	CHANGES	
O't d Ctata		City & State			4. FEI Number 59-35992	44	<u> </u>	plied For
City & State						\$8.75 Add	t Applicable itional	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desire		Fee Required	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of Ne	w Registered	Agent	
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	PRINGS FL 34135							
				City	,	FL	_	
<u> </u>	named entity submits this statement	for the purpose of chang	ing its registe	red office or regis	tered agent, or both, in the State of	f Florida. I am	familiar with,	and accept
the obligation	ons of registered agent.		-					ĺ
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SIGNATURE -	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: Register	red Agent signature requ				
FI	LE NOW!!! FEE IS \$150.00				9. Election Campaig			0 May Be
After	May 1, 2003 Fee will be \$550.00	of State			Trust Fund Contrit	oution.	Adde	0.101.663
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i nerepy certify trial the information supplied with this filing loes not quality 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 of 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 anachment with an acquires, with a planet like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #