

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000095216

FILED
Apr 30, 2003
Secretary of State

Entity Name: RIVERWOOD AT BONITA SPRINGS, INC.

Current Principal Place of Business:

11045 ORANGEWOOD DR
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19818
INDIANAPOLIS, IN 46219

New Mailing Address:

FEI Number: 65-0956637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUGGER, CAROL R
27727 OLD 41 RD, SUITE 103
BONITA SPRING, FL 34135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLAIN, ROBERT B
Address: 11045 ORANGEWOOD DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: NICHOLAS, ANTHONY L
Address: 1309 KESSLER BLVD, EAST DR
City-St-Zip: INDIANAPOLIS, IN 46220

Title: STD () Delete
Name: NICHOLAS, THEODORE L
Address: 7425 E 65TH ST
City-St-Zip: INDIANAPOLIS, IN 46220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. MCCLAIN

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date