

2/14.

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90004 036 \*\*\*150.00

**DOCUMENT # P99000111937**

1. Entity Name

**RIVER BEND OF COCOA BEACH, INC.**

Principal Place of Business

Mailing Address

**750 N. ATLANTIC AVENUE  
 COCOA BEACH FL 32935**
**750 N. ATLANTIC AVENUE  
 COCOA BEACH FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSLEY, CURTIS R  
 750 N. ATLANTIC AVENUE  
 COCOA BEACH FL 32935**

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, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

 10. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RINGDAHL, DANNY P	
STREET ADDRESS	750 N. ATLANTIC AVENUE SUITE 1209	
CITY-ST-ZIP	COCOA BEACH FL 32935	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ARNOLD S	
STREET ADDRESS	750 N. ATLANTIC AVENUE SUITE 1209	
CITY-ST-ZIP	COCOA BEACH FL 32935	

TITLE	SD	<input type="checkbox"/> Delete
NAME	RINGDAHL, JANET	
STREET ADDRESS	750 N. ATLANTIC AVENUE SUITE 1209	
CITY-ST-ZIP	COCOA BEACH FL 32935	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-01

Date

321-283-1727

Daytime Phone #

CR2E034 (10/00)