

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S27287

1. Entity Name

RIVERSIDE BANQUE PREMISES CORPORATION

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

05-15-2001 90125 016 \*\*\*150.00

00052835



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2211 OKEECHOBEE ROAD FORT PIERCE FL 34950-6552	Mailing Address 2211 OKEECHOBEE ROAD FORT PIERCE FL 34950-6552
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0266651	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
POLACKWICH, ALAN S. SR. 2770 INDIAN RIVER BLVD. SUITE 501 VERO BEACH FL 32960	

7. Name and Address of New Registered Agent	
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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, VERNON D.	NAME	
STREET ADDRESS	2211 OKEECHOBEE ROAD	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, LARRY	NAME	
STREET ADDRESS	1600 S. US 1	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TIM B	NAME	
STREET ADDRESS	2211 OKEECHOBEE RD	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAMER, JAMES E	NAME	
STREET ADDRESS	2211 OKEECHOBEE RD	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 address, with all other like empowered.

SIGNATURE: See Attached  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)