

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90169 048 \*\*\*\*61.25

**C0058053**

**DOCUMENT #** N41503

1. Entity Name  
 ASSOCIATION OF ROLLING RIVER OWNERS, INC.

Principal Place of Business  
 550 Mamaroneck Ave.  
 Harrison, NY 10528

Mailing Address  
 550 Mamaroneck Ave.  
 Harrison, NY 10528

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

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W. Scott Callahan, Esquire  
 Stump, Storey & Callahan, P.A.  
 37 North Orange Avenue, Suite 200  
 Orlando, FL 32801

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | Rosen, Michael E.      |                                 |
| STREET ADDRESS | 550 Mamaroneck Ave.    |                                 |
| CITY-ST-ZIP    | Harrison, NY 10528     |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | Clark, Dave            |                                 |
| STREET ADDRESS | 2250 Avendida Del Vera |                                 |
| CITY-ST-ZIP    | N. Ft. Myers, FL 33917 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | Schoen, James          |                                 |
| STREET ADDRESS | 550 Mamaroneck Ave.    |                                 |
| CITY-ST-ZIP    | Harrison, NY 10528     |                                 |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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  
 Michael E. Rosen, President

Date

Daytime Phone #

(914) 777-3100

CR2E037 (9/99)