

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90051 024 ***150.00

DOCUMENT # 176566

1. Entity Name
WILLIAMS NEW RIVER ACRES, INC.

Principal Place of Business

29546 HIGHWAY 54 W
 ZEPHYRHILLS FL 33543

Mailing Address

29546 HIGHWAY 54 W
 ZEPHYRHILLS FL 33543

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
33543

Country
Pasco

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0714742**

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

WILLIAMS,ARTHUR D
29546 HWY. 54 WEST
ZEPHYRHILLS FL 33543

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	WILLIAMS,ARTHUR D		
29546 HWY 54 W	29546 HWY 54 W		
ZEPHYRHILLS FL	ZEPHYRHILLS FL		
STD	WILLIAMS, ANNE E.		
29546 HWY 54 W	29546 HWY 54 W		
ZEPHYRHILLS FL	ZEPHYRHILLS FL		
V	LANIER, FRANCES G		
29546 HWY 54 W	29546 HWY 54 W		
ZEPHYRHILLS FL	ZEPHYRHILLS FL		

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: *Frances G. Lanier, V.P.* Date: *2-16-01* Daytime Phone #: *813-994-8551*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)