

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90016 020 \*\*\*150.00

**DOCUMENT # 501460**

**1. Entity Name**  
**RIVERSIDE GOWN SHOP, INC.**

<b>Principal Place of Business</b> 9965 SAN JOSE BLVD. JACKSONVILLE FL 32257 US		<b>Mailing Address</b> 9965 SAN JOSE BLVD. JACKSONVILLE FL 32257-5856 US	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <b>59-1664660</b>				<input type="checkbox"/> Applied For			
				<input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
<b>COHEN, SHIRLEY</b> <b>9965 SAN JOSE BLVD.</b> <b>JACKSONVILLE FL 32257</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**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, 2000 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		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, SHIRLEY			NAME			
STREET ADDRESS	9965 SAN JOSE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, PERRY			NAME			
STREET ADDRESS	9965 SAN JOSE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		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:** *Shirley Cohen* *Perry C. Cohen* **1/17/00**

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

CR2E034 (9/99)