

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705789

1. Entity Name

THE RIVER FOUNDATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90057 021 ****61.25

Principal Place of Business

Mailing Address

C/O ROBERT KRUSOE
2002 N LOIS AVE #160
TAMPA FL 33607
US

C/O ROBERT KRUSOE
2002 N LOIS AVE #160
TAMPA FL 33607-2363
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0875137

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VALLES, MANUEL, JR.
109 S. LOCKMOOR AVE.
TEMPLE TERRACE FL 33617

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 reinstalling)

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 ☐ Delete
NAME D
JASLOW, ALBERT
STREET ADDRESS 9313 NW 48TH DORAL TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
VAN DE WETTERING, ROBERT J M.D.
STREET ADDRESS 6696 RIVERSIDE DR NW
CITY-ST-ZIP ATLANTA GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
MCLEAN, THOMAS E
STREET ADDRESS 1339 43RD AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CD
VALLES JR, MANUEL
STREET ADDRESS 109 SO LOCKMOOR AVE
CITY-ST-ZIP TEMPLE TERRACE, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
HIBBS, LORRAINE
STREET ADDRESS 3501 BAYSHORE BLVD #904
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

Manuel Valles Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-17-00

Daytime Phone #

813 822 8500

CR 15037 (9/99)