

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90098 009 \*\*\*\*61.25

07-18

**DOCUMENT # 705789**

1. Entity Name  
**THE RIVER FOUNDATION, INC.**

Principal Place of Business <b>C/O ROBERT KRUSOE          2002 N LOIS AVE #160          TAMPA FL 33607          US</b>	Mailing Address <b>C/O ROBERT KRUSOE          2002 N LOIS AVE #160          TAMPA FL 33607          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-0875137</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**VALLES, MANUEL, JR.  
 109 S. LOCKMOOR AVE.  
 TEMPLE TERRACE FL 33617**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JASLOW, ALBERT</b>
STREET ADDRESS	<b>9313 NW 48TH DORAL TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>VAN DE WETTERING, ROBERT J M.D.</b>
STREET ADDRESS	<b>6696 RIVERSIDE DR NW</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>MCLEAN, THOMAS E</b>
STREET ADDRESS	<b>1339 43RD AVE N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>VALLES JR, MANUEL</b>
STREET ADDRESS	<b>109 SO LOCKMOOR AVE</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 00000</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/00)