

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90132 035 \*\*\*\*61.25

**DOCUMENT # 705789**

1. Entity Name

**THE RIVER FOUNDATION, INC.**

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  
 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



DO NOT WRITE IN THIS SPACE

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

*Manuel Valles*

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	D	<input checked="" type="checkbox"/> Delete
NAME	JASLOW, ALBERT	
STREET ADDRESS	9313 NW 48TH DORAL TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN DE WETTERING, ROBERT J M.D.	
STREET ADDRESS	6696 RIVERSIDE DR NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCLEAN, THOMAS E	
STREET ADDRESS	1339 43RD AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	VALLES, JR, MANUEL	
STREET ADDRESS	109 SO LOCKMOOR AVE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 00000	
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 checked="" type="checkbox"/> Addition
NAME	McLean, Brent S	
STREET ADDRESS	200 Bandera Way NE	
CITY-ST-ZIP	Saint Petersburg FL 33704	
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		

CR2E037 (9/01)

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 #