

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-25-2001 90003 044 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713675

1. Entity Name

RIVER PARK CIVIC CENTER, INC.

LA

77547



DO NOT WRITE IN THIS SPACE

Principal Place of Business 140 VA ST CRESCENT CITY FL 32112 US		Mailing Address HC2 BOX 207AA CRESCENT CITY FL 32112 US HC 2 BOX 203C CRESCENT CITY, FL 32112	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1707512			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent TRACEY, BILL 110 LUDWIG RIVER PARK WEST FRUITLAND FL 32112		7. Name and Address of New Registered Agent Name FRED ZUPP Street Address (P.O. Box Number is Not Acceptable) HC 2 BOX 383 CRESCENT CITY, FL 32112 City FL Zip Code	
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B. 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 JOSEPHINE HAMMOND-TREASURER *Jo Hammond* 7/16/01
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 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	TRACEY, BILL 110 LUDWIG FRUITLAND FL 32112 <input checked="" type="checkbox"/> Delete	TITLE FRED ZUPP	HC 2 BOX 383 (JUNE ST) CRESCENT CITY, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	GILBERT, SHIRLEY STAR RT 2 BOX 351 CRESCENT CITY FL <input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HUNTER, ROBERT STAR RT 2 BOX 207 A CRESCENT CITY FL <input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	HAMMOND, JOSEPHINE STAR RT 2, BOX 203C CRESCENT CITY, FL 00000 <input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	KREMER, VIRGINA STAR RT 2, BOX 138AA CRESCENT CITY, FL 00000 <input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	GODDARD, TIL STAR RT.2, BOX 383B CRESCENT CITY, FL 00000 <input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOSEPHINE HAMMOND *Jo Hammond, Treasurer* 7/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FRED ZUPP

904-467-2420