

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90115 006 \*\*\*\*61.25

**DOCUMENT # 713675**

**1. Entity Name**  
**RIVER PARK CIVIC CENTER, INC.**

**Principal Place of Business**  
 140 VA ST  
 CRESCENT CITY FL 32112  
 US

**Mailing Address**  
 HC2 BOX 203C  
 CRESCENT CITY FL 32112  
 US



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 140 VIRGINIA ST

**3. Mailing Address**  
 117 DOUGLAS ST

Suite, Apt. #, etc.

**City & State**  
 CRESCENT CITY FL

**City & State**  
 CRESCENT CITY FL

**Zip**  
 32112

**Country**  
 PUTNAM

**Zip**  
 32112

**Country**  
 PUTNAM

**4. FEI Number** 59-1707512 **Applied For**  
 **Not Applicable**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 ZUPP, FRED  
 HC2 BOX 383  
 CRESCENT CITY FL 32112

**7. Name and Address of New Registered Agent**  
 Name: GARY MONILAW  
 Street Address (P.O. Box Number is Not Acceptable): 133 FLORIDA LANE  
 City: CRESCENT CITY FL Zip Code: 32112

**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]*  
 Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	ZUPP, FRED
STREET ADDRESS	HC2 BOX 383 (JONE ST)
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	<input type="checkbox"/> Delete
NAME	GILBERT, SHIRLEY
STREET ADDRESS	STAR RT 2 BOX 351
CITY-ST-ZIP	CRESCENT CITY FL
TITLE	<input type="checkbox"/> Delete
NAME	HUNTER, ROBERT
STREET ADDRESS	STAR RT 2 BOX 207 A
CITY-ST-ZIP	CRESCENT CITY FL
TITLE	<input type="checkbox"/> Delete
NAME	HAMMOND, JOSEPHINE
STREET ADDRESS	STAR RT 2, BOX 203C
CITY-ST-ZIP	CRESCENT CITY, FL 00000
TITLE	<input type="checkbox"/> Delete
NAME	KREMER, VIRGINA
STREET ADDRESS	STAR RT 2, BOX 138AA
CITY-ST-ZIP	CRESCENT CITY, FL 00000
TITLE	<input type="checkbox"/> Delete
NAME	GODDARD, TIL
STREET ADDRESS	STAR RT.2, BOX 383B
CITY-ST-ZIP	CRESCENT CITY, FL 00000

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT GARY MONILAW
STREET ADDRESS	133 FLORIDA LANE
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIC PRESIDENT DEE HALL
STREET ADDRESS	110 CYPRESS ST
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY LUCILLE WILSON
STREET ADDRESS	109 PUTTER LANE
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER ROBERT J HUFFORD
STREET ADDRESS	117 DOUGLAS ST
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR ROBERT HUNTER
STREET ADDRESS	113 FLORIDA LANE
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR BARB REINHARDT
STREET ADDRESS	205 PARK AVE.
CITY-ST-ZIP	CRESCENT CITY FL 32112

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 my address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **DATE:** 3/02 **DAYTIME PHONE #:** 386 467 9271

CR2E037 (9/01)