

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90136 041 ****61.25

DOCUMENT # 713675

1. Entity Name

RIVER PARK CIVIC CENTER, INC.



Principal Place of Business

**140 VIRGINIA STREET
CRESCENT CITY FL 32112
US**

Mailing Address

**117 DOUGLAS STREET
CRESCENT CITY FL 32112
US**

CHANGE

2. Principal Place of Business

3. Mailing Address

205 PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRESCENT CITY

4. FEI Number **59-1707512**

Applied For

Not Applicable

Zip

Country

Zip

Country

32112

PUTNAM

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

**MONILAW, GARY
133 FLORIDA LANE
CRESCENT CITY FL 32112**

CHANGE

Name

BARBARA REINHARDT

Street Address (P.O. Box Number is Not Acceptable)

205 PARK AVE

City

CRESCENT CITY FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara Reinhardt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MONILAW, GARY**
STREET ADDRESS **133 FLORIDA LANE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

CHANGE

TITLE **P** ☒ Change ☐ Addition
NAME **BARBARA REINHARDT**
STREET ADDRESS **205 PARK AVE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **V** ☐ Delete
NAME **HALL, DEE**
STREET ADDRESS **110 CYPRESS ST.**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

TITLE **S** ☐ Delete
NAME **WILSON, LUCILLE**
STREET ADDRESS **109 PUTTER LANE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

TITLE **T** ☐ Delete
NAME **HUFFORD, ROBERT**
STREET ADDRESS **117 DOUGLAS STREET**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

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

TITLE **D** ☐ Delete
NAME **HUNTER, ROBERT**
STREET ADDRESS **113 FLORIDA LANE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

REMOVE

TITLE **D** ☒ Change ☐ Addition
NAME **JOAN PHELPS**
STREET ADDRESS **204 JUNE CT.**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE **D** ☐ Delete
NAME **REINHARDT, BARB**
STREET ADDRESS **205 PARK AVENUE**
CITY-ST-ZIP **CRESCENT CITY FL 32112**

CHANGE

TITLE **D** ☒ Change ☐ Addition
NAME **DAUNA HAMILTON**
STREET ADDRESS **101 IOWA ST**
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 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:

Barbara Reinhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 386 467 3470

CR2E037 (10/02)