

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06427

1. Entity Name

RIVER GARDEN HOLDING COMPANY, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90002 020 \*\*\*\*70.00

954024



DO NOT WRITE IN THIS SPACE

Principal Place of Business % PALEVSKY, ELLIOTT 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258-1402		Mailing Address % PALEVSKY, ELLIOTT 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258-1402	
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 59-2487781		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PALEVSKY, ELLIOTT  
11401 OLD AUGUSTINE ROAD  
JACKSONVILLE FL 32258

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

**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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MEISEL, LEWIS	
STREET ADDRESS	100 HOPKINS STREET	
CITY-ST-ZIP	NEPTUNE BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELINOFF, RONALD	
STREET ADDRESS	2811 SCOTT MILL ESTATES DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLF, MARTIN	
STREET ADDRESS	3642 LEEWOOD LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHREIBER, MINNIE	
STREET ADDRESS	5201 ATLANTIC BLVD 259	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREENBURG, MICHAEL	
STREET ADDRESS	3701 RIVER HALL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)