2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90095 047 ****70.00

DOCUMENT # N93000000714

1. Entity Name

RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC

Principal Place of Business	Mailing Address
1206 COUNTY ROAD 309 CRESCENT CITY FL 32112	P O BOX 426 WELAKA FL 32193-0426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3108001 ☐ Applied For ☐ Not Applicable

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
EBERT, ROBERT STAR RT., 2, BOX 318 118 LUDWIG AVE CRESCENT CITY FL 32112	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EBERT, ROBERT STAR RT., 2, BOX 318 CRESCENT CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JERRY L SAMS STAR RT 2 BOX 134 118 VIRGINIA ST CRESCENT CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kenneth Parker PO Box 1086 129 Palm Dr Welaka, FL 32193 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JEANETTE S JOHNSON STAR RT 2 BOX 138A 137 VIRGINIA ST CRESCENT CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARILYN MILLER STAR RT 2 BOX 363A 113 GOLF COURSE ST CRESCENT CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER, ROBERT SR 2 BOX 207A 113 FLORIDA LANE CRESCENT CITY FL 32112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barbara Rains HC 2, Box 149 Crescent City, FL 32112 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, KEN PO BOX 1086 129 PALM DR. WELAKA FL 32193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D J. R. Biggerstaff HC2, Box 321 Crescent City, FL 32112 ☒ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 2/8/2000 (904) 467-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #