

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90163 025 ****70.00

DOCUMENT # N93000000714

1. Entity Name

RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC

Principal Place of Business

**1208 COUNTY ROAD 309
CRESCENT CITY FL 32112**

Mailing Address

**P O BOX 426
WELAKA FL 32193**

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

Marilyn E. Miller

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

HC 2, Box 363-A

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

Marilyn E. Miller, President

2-1-01

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**

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	T PARKER, KENNETH PO BOX 1086 129 PALM DR WELAKA FL 32193	☐ Delete
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	VD MARILYN MILLER STAR RT 2 BOX 363A 113 GOLF COURSE ST CRESCENT CITY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINS, BARBARA HC 2 BOX 149 CRESCENT CITY FL 32112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGERSTAFF, J.R. HC2 BOX 321 CRESCENT CITY FL 32112	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marilyn E. Miller HC 2, Box 363-A Crescent City, FL 32112	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Christine A. Taylor HC 2, Box 380-A Crescent City, FL 32112	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Harry F. Johnson HC 2, Box 138-A Crescent City, FL 32112	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Marilyn E. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01

904-467-9113

Date

Daytime Phone #

CR2E037 (10/00)