2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
01-21-2002 90016 030 ****70.00

DOCUMENT # N93000000714

1. Entity Name

RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC

Principal Place of Business	Mailing Address
1208 COUNTY ROAD 309 CRESCENT CITY, FL 32112	P O BOX 426 WELAKA FL 32193

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
106 Glenn Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crescent City, Florida	City & State
Zip: 32112 / 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

MILLER, MARILYN E
HC 2 BOX 363-A
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name: Marilyn E. Miller
Street Address (P.O. Box Number is Not Acceptable): 113 Golf Course Street
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P MILLER, MARILYN E HC 2 BOX 363-A CRESCENT CITY FL 32112	☐ Delete	P Marilyn E. Miller 113 Golf Course Street Crescent City, FL 32112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARKER, KENNETH PO BOX 1086 129 PALM DR WELAKA FL 32193	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAYLOR, CHRISTINE A HC 2 BOX 380-A CRESCENT CITY FL 32112	☐ Delete	S Taylor, Christine A. 115 Putter Lane Crescent City, FL 32112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHNSON, HARRY HC 2 BOX 138-A CRESCENT CITY FL 32112	☐ Delete	VP Johnson, Harry 137 Virginia Street Crescent City, FL 32112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAINS, BARBARA HC 2 BOX 149 CRESCENT CITY FL 32112	☐ Delete	D Rains, Barbara 101 Ohio Street Crescent City, FL 32112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIGGERSTAFF, J.R. HC2 BOX 321 CRESCENT CITY FL 32112	☐ Delete	D Biggerstaff, J.R. 104 Ludwig Crescent City, FL 32112	☒ Change ☐ Addition

CR2E037 (9/01)

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 1-9-02 (386) 467-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #