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

DOCUMENT # N9300000714

1. Entity Name

RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90091 033 ****70.00

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Principal Pla	ce of Business		Mailing Ad	ddress			1						
A				O BOX 426			22004029						
UNEQUENT U	II FL 32112		WELAKA FL	. 32193									
9 Deinainal I	Diago of Division		1										
10				Mailing Address .06 Glenn Street Suite, Apt. #, etc.				il bie idiee iii					
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City & State		Creso		tv. FL	FL 4. FEI Numb		^{ber} 59-3108001				pplied For lot Applicable		
Zip Country		Crescent Cit		Country			/ 51 - /	<u> </u>		\$	8.75 Ad		
~32							"	Figure 3 of Status Dealled X				ee Required	
	6. Name ar	d Address of Current	t Registered A	gent	Name	*	7. Name and	d Address	of New	Register	ed Ag	ent	
MILLER.	MARILYN E												
113 GOL	F COURSE ST				Street	: Address (F	P.O. Box Numb	er is Not A	cceptab	ie)			
CRESCE	NT CITY FL 32	112											
					City	•		<u> </u>			FL	Zip Cod	de
8. The above	e named entity so	ubmits this statement fo	or the purpose	of changing its	registered office	or registers	ed agent or br	oth in the S	tate of 5	-	_	piliar with	and coost
the obliga	tions of registere	d agent.	or the perpose	or changing its	registered office	or registere	ad agent, or bu	zin, in the S	olale oi r	ionua. T	aiii iari	mar with,	, апо ассері
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SIGNATURE	Signature, typed or p	rinted name of registered agent	nt and title if applicable	n. (NOTE	E: Registered Agent sign	nature required v	when reinstating)			DA	TE	-	
• ****		rinted name of registered agent			mpaign Financing		\$5.00 May I			ake Ch	eck F	Payable	
		FEE IS \$61.25	5	Election Carr	mpaign Financing Contribution.	' _□	\$5.00 May I	s	Flor	ake Ch ida Der	eck f partm	ent of	State
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indicated of its 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:

38-467-9113