

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031513

03-08-2000 90079 017 ***150.00

P98000031513

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -6 AM 11:51

1. Entity Name
BOYS OF 7 RIVERS, INC.

Principal Place of Business 33 N. SHADOW WOOD DRIVE INVERNESS FL 33450	Mailing Address 33 N. SHADOW WOOD DRIVE INVERNESS FL 34450-1454
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

59-3501410

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ABEL, ERIC D ESQ
74 W. CHASE STREET
HERNANDO FL 34442

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
NAME: **D TOBIASSEN, ROY**
STREET ADDRESS: **33 N. SHADOW WOOD DRIVE**
CITY-ST-ZIP: **INVERNESS FL 33450**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: **D ABEL, GLENN N**
STREET ADDRESS: **1183 N. MEDITERRANEAN WAY**
CITY-ST-ZIP: **INVERNESS FL 33453**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: **D YOX, DALE**
STREET ADDRESS: **2250 N. WATSEEDGE DRIVE**
CITY-ST-ZIP: **CRYSTAL RIVER FL 34429**

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Roy Tobiasassen **ROY B. TOBIASSEN** PRESIDENT 3/6/00 352/637-6257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 1999