

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90023 006 ***150.00

DOCUMENT # P99000109689

1. Entity Name
3 RIVERS RAILROAD CO.

Principal Place of Business
**201 N. MARION STREET STE 301
 LAKE CITY FL 32055**

Mailing Address
**PO BOX 390
 BRANFORD FL 32008-0390**



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. FEI Number **59-3633158**

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

**NORRIS, JOHN E
 201 N. MARION STREET STE 301
 LAKE CITY FL 32055**

Name **SCHREIBER, BRIAN P.**

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

2 GUERDON RD

P.O. BOX 1829

City **LAKE CITY, FL 32055 FL 32055** 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 *Brian P. Schreiber*
 Signature, typed or printed name of registered agent and title 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.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PD LOVEIT, ROBERT L**
 STREET ADDRESS **3608 VINEVILLE AVE.**
 CITY-ST-ZIP **MACON GA 31204**

TITLE Change Addition
 NAME **PRESIDENT**
 STREET ADDRESS **ANDERSON, JOE H. JR.**
 CITY-ST-ZIP **HWY 349 NORTH
 OLD TOWN, FL 32680**

TITLE Delete
 NAME **SD COWART, DOUG**
 STREET ADDRESS **3608 VINEVILLE AVE.**
 CITY-ST-ZIP **MACON GA 31204**

TITLE Change Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **BRIAN P. SCHREIBER**
 CITY-ST-ZIP **2 GUERDON RD.
 LAKE CITY, FL 32055**

TITLE Delete
 NAME **D AYERBE, PAUL**
 STREET ADDRESS **3608 VINEVILLE AVE**
 CITY-ST-ZIP **MACON GA 31204**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 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: *Brian P. Schreiber* **BRIAN P SCHREIBER** 3/20/02 (386) 152-7585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)