

V# 2685  
616-0910

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**  
 05-01-2003 90820 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

80102527

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
2. Principal Place of Business 2 Guerdon Rd		3. Mailing Address PO Box 1829
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Lake city FL		City & State Lake city FL
Zip 32056		Country
4. FEI Number 59-3633158		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHREIBER, BRIAN P 2 GUERDON RD. PO BOX 1829 LAKE CITY, FL 32055		7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE		DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD LOVEIT, ROBERT L 3608 VINEVILLE AVE. MACON, GA 31204	<input checked="" type="checkbox"/> Delete
TITLE	SD COWART, DOUG 3608 VINEVILLE AVE. MACON, GA 31204	<input checked="" type="checkbox"/> Delete
TITLE	D AYERBE, PAUL 3608 VINEVILLE AVE MACON, GA 31204	<input checked="" type="checkbox"/> Delete
TITLE	P ANDERSON, JOE H. JR HWY 349 N OLD TOWN, FL 32680	<input type="checkbox"/> Delete
TITLE	V SCHREIBER, BRIAN P 2 GUERDON RD. LAKE CITY, FL 32055	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: <u>Brian P Schreiber</u> BRIAN P SCHREIBER		DATE: 4-25-03 386 752-7585

CFR2034 (10/02)