

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90163 025 ****70.00

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1. Entity Name

RIVER PARK UTILITIES MANAGEMENT ASSOCIATION, INC

Principal Place of Business

**1208 COUNTY ROAD 309
CRESCENT CITY FL 32112**

Mailing Address

**P O BOX 426
WELAKA FL 32193**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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

7. Name and Address of New Registered Agent

**EBERT, ROBERT
STAR RT., 2, BOX 318
118 LUDWIG AVE
CRESCENT CITY FL 32112**

Name

Marilyn E. Miller

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

HC 2, Box 363-A

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

Marilyn E. Miller, President

2-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD
NAME EBERT, ROBERT ☒ Delete
STREET ADDRESS STAR RT., 2, BOX 318
CITY-ST-ZIP CRESCENT CITY FL

TITLE President ☒ Change ☐ Addition
NAME Marilyn E. Miller
STREET ADDRESS HC 2, Box 363-A
CITY-ST-ZIP Crescent City, FL 32112

TITLE T
NAME PARKER, KENNETH ☐ Delete
STREET ADDRESS PO BOX 1086 129 PALM DR
CITY-ST-ZIP WELAKA FL 32193

TITLE ☐ Change ☐ Addition

TITLE S
NAME JEANETTE S JOHNSON ☒ Delete
STREET ADDRESS STAR RT 2 BOX 138A 137 VIRGINIA ST
CITY-ST-ZIP CRESCENT CITY FL

TITLE Secretary ☒ Change ☐ Addition
NAME Christine A. Taylor
STREET ADDRESS HC 2, Box 380-A
CITY-ST-ZIP Crescent City, FL 32112

TITLE VD
NAME MARILYN MILLER ☒ Delete
STREET ADDRESS STAR RT 2 BOX 363A 113 GOLF COURSE ST
CITY-ST-ZIP CRESCENT CITY FL

TITLE Vice-President ☒ Change ☐ Addition
NAME Harry F. Johnson
STREET ADDRESS HC 2, Box 138-A
CITY-ST-ZIP Crescent City, FL 32112

TITLE D
NAME RAINS, BARBARA ☐ Delete
STREET ADDRESS HC 2 BOX 149
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ Change ☐ Addition

TITLE D
NAME BIGGERSTAFF, J.R. ☐ Delete
STREET ADDRESS HC2 BOX 321
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ Change ☐ 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 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:

Marilyn E. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01

904-467-9113

Date

Daytime Phone #

CR2E037 (10/00)