

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000719

1. Entity Name

SPRINGS RIVER FESTIVAL, INC.

FILED

May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90729 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3964 N.W. 65TH AVE  
VIRGINIA GARDENS FL 33166

P.O. BOX 661155  
MIAMI SPRINGS FL 33166

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

59-3559286

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

SOLLA, JOSEPH A  
135 WESTWARD DRIVE  
SUITE A  
MIAMI SPRINGS FL 33166

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
HERBSTER, RHONDA  
3694 NW 65TH AVENUE  
VIRGINIA GARDENS FL 33166 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD JONES, KAREN  
570 FALCON AVENUE  
MIAMI SPRINGS, FL 33166 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
JONES, ROBERT  
570 FALCON AVENUE  
MIAMI SPRINGS FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D JONES, ROBERT  
570 FALCON AVE  
MIAMI SPRINGS, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WILCOX, DEANNA  
449 SWALLOW DR #16  
MIAMI SPRINGS FL 33166 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D PALMER, MARJORIE  
141 PALMETTO DRIVE  
MIAMI SPRINGS, FL 33166 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GARCIA, JUANITA  
116 CHEROKEE STREET  
MIAMI SPRINGS FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD GARCIA, JUANITA  
116 CHEROKEE STREET  
MIAMI SPRINGS, FL 33166 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RIEDINGER, LAYNEE  
991 HUNTING LODGE DRIVE  
MIAMI SPRINGS FL 33166 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD LAURA LOUCKS  
164 FERN WAY  
MIAMI SPRINGS, FL 33166 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOIS, BETTY D  
1025 HUNTING LODGE DRIVE  
MIAMI SPRINGS FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SAME ☐ 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:

*Robert Jones* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/2002 305/569-7255  
Date Daytime Phone #

CR2E037 (9/01)