

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 247722

1. Entity Name

RIVER RETREATS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90133 047 ***150.00

Principal Place of Business

Mailing Address

3RD ST., W. - AVENUE D, NORTH
HARBOR BREEZE
CARRABELLE FL 32322
US

P. O. BOX 645
3RD ST., W. - AVENUE D NORTH
CARRABELLE FL 32322-0645
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1470733

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

HARDY, RALPH E
3RD ST. WEST & AVENUE D NORTH
CARRABELLE FL 32322

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

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 P ☐ Delete
NAME HARDY, RALPH
STREET ADDRESS 3RD ST WEST & AVE D NORTH, P O BOX 645 N/A
CITY-ST-ZIP CARRABELLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HARDY, BRIAN S
STREET ADDRESS 3RD ST WEST & AVE D NORTH, P O BOX 645 N/A
CITY-ST-ZIP CARRABELLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARDY, CATHERINE
STREET ADDRESS 3RD ST W AVE D NORTH, P O BOX 645
CITY-ST-ZIP CARRABELLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HARDY, TAMMI L
STREET ADDRESS 3RD ST. WEST AND AVE. D N., PO BOX 645
CITY-ST-ZIP CARRABELLE FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ralph E Hardy RALPH E. HARDY 1-12-00 850-697-2886

CR2E034 (9/99)