

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90031 046 ***150.00

DOCUMENT # 364102

1. Entity Name

SUWANNEE RIVER COVE INC

Principal Place of Business

26032 77TH RD.
 BRANFORD FL 32008
 US

Mailing Address

PO BOX 146
 BRANFORD FL 32008
 US

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

59-1405366

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

MURFEE, BETTY LOUISE
8749 288TH STREET
BRANFORD FL 32008

New address →

Name

Betty Louise Murfee

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

26032 77th Road

Branford

City

FL

Zip Code
32008

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **VD** ☐ Delete
 NAME **MURFEE, SAMUEL E.**
 STREET ADDRESS **4541 SW 44TH LANE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VD** ☒ Change ☐ Addition
 NAME **MURFEE, SAMUEL E.**
 STREET ADDRESS **946 Bradshaw Terrace**
 CITY-ST-ZIP **Orlando, FL 32806**

TITLE **PD** ☐ Delete
 NAME **MURFEE, BETTY LOUISE**
 STREET ADDRESS **26032 77TH RD.**
 CITY-ST-ZIP **BRANFORD FL 32008**

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

TITLE **DST** ☐ Delete
 NAME **SAPP, LURA M**
 STREET ADDRESS **26032 77TH RD.**
 CITY-ST-ZIP **BRANFORD FL 32008**

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 ☐ 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:

Betty Louise Murfee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/01 (904) 935-4742
 Date Daytime Phone #

CR2E034 (10/00)