

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90197 001 ***450.00

DOCUMENT # 383497

1. Entity Name

RIVER HOUSE MARKETING CORPORATION

Principal Place of Business

**531 INDIAN HARBOR ROAD
 VERO BEACH FL 32963**

Mailing Address

**531 INDIAN HARBOR ROAD
 VERO BEACH FL 32963**

2. Principal Place of Business

10880 Orange Ave.
 Suite, Apt. #, etc.

3. Mailing Address

10880 Orange Ave.
 Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

Zip

Country

34945

Zip

Country

34945

4. FEI Number

59-2634820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**O'HAIRE, MICHAEL
 3103 CARDINAL DRIVE
 VERO BEACH FL 32960**

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.

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	MORRISON, BARBARA J	
STREET ADDRESS	531 INDIAN HARBOR RD	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, JOHN J	
STREET ADDRESS	531 INDIAN HARBOR RD	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCIE, SHARON M	
STREET ADDRESS	3935 ORTEGA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LYNN	
STREET ADDRESS	531 INDIAN HARBOR RD.	
CITY-ST-ZIP	VERO BCH. FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Address
STREET ADDRESS	2029 Club Dr.	
CITY-ST-ZIP	Vero Beach, Fl. 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECBASED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Address
STREET ADDRESS	2029 Club Dr.	
CITY-ST-ZIP	Vero Beach, Fl. 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Beckley	
STREET ADDRESS	10880 Orange Ave.	
CITY-ST-ZIP	Ft. Pierce, Fl. 34945	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)