

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90404 018 ***158.75

DOCUMENT # 409179	
1. Entity Name RIVER LAKES CORP	
Principal Place of Business 109 W. SILVER SPGS BLVD, OCALA, FL 34475 US	Mailing Address 109 W. SILVER SPGS BLVD OCALA, FL 34475-6608 US

2. Principal Place of Business 3912 CHAUCER WAY Suite, Apt. #, etc.	3. Mailing Address 3912 CHAUCER WAY Suite, Apt. #, etc.
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City & State LAND O LAKES, FL	City & State LAND O LAKES, FL
Zip 34639	Zip 34639
Country US	Country US

4. FEI Number 59-1502345	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FIRST UNION NATIONAL BANK 109 W SILVER SPRINGS BLVD OCALA, FL 34470
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7. Name and Address of New Registered Agent Name WILLIAM L. FLETCHER Street Address (P.O. Box Number is Not Acceptable) 3912 CHAUCER WAY City LAND O LAKES FL Zip Code 34639
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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 William L. Fletcher, William L. Fletcher, President/Director, April 18, 2001	DATE April 18, 2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE PD NAME FLETCHER, ELIZABETH STREET ADDRESS MAIN ST AND LEMON AVE CITY-ST-ZIP HERNANDO FL	<input type="checkbox"/> Delete
TITLE VD NAME BROWN, CONNIE E. STREET ADDRESS 1901 W. SILVER SPGS BLVD CITY-ST-ZIP OCALA, FL	<input checked="" type="checkbox"/> Delete
TITLE STD NAME ZUFFMAN JULIA B. STREET ADDRESS 109 W SILVER SPRINGS BLVD CITY-ST-ZIP OCALA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME FLETCHER, ELIZABETH STREET ADDRESS 3181 N. AQUA VIEW TERRACE CITY-ST-ZIP HERNANDO, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME FLETCHER, WILLIAM L. STREET ADDRESS 3912 CHAUCER WAY CITY-ST-ZIP LAND O LAKES, FL 34639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME FLETCHER, SANDRA STREET ADDRESS 3912 CHAUCER WAY CITY-ST-ZIP LAND O LAKES, FL 34639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME FLETCHER, JIM R. STREET ADDRESS LOT 99, COUNTRY MANOR ESTATES CITY-ST-ZIP ALLENHURST, GA 31301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William L. Fletcher, William L. Fletcher	DATE: April 18, 2001 813-884-9336 E159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

CR2E034 (11/00)