

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90004 017 \*\*\*150.00

**DOCUMENT #** 491435  
1. Entity Name  
Riverside Spectacle, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1550 Riverside Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
1550 Riverside Ave.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Jax FL

City & State  
Jax FL

4. FEI Number  
59-163-0714

Applied For  
Not Applicable

Zip  
32204

Country  
1

Zip  
32204

Country  
1

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name

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

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Muriel Rose, Pres.  
Riverside Spectacle, Inc.  
1550 Riverside Ave.  
Jax FL 32204

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Muriel Rose, Pres.

2-11-02 (PA) 354-1437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)