

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 654833

1. Entity Name

NORMAN RIVERS, JR. REALTY, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90114 034 \*\*\*150.00

601317



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15526 N.W. 94TH AVE. RT. 1 BOX 344 ALACHUA FL 32615-9801 US	15526 N.W. 94TH AVE. RT. 1 BOX 344 ALACHUA FL 32615-6766 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1981720	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DELANEY, PHILIP A. 1133 N.W. 23RD AVENUE GAINESVILLE FL

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 \_\_\_\_\_ (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, 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	
TITLE	PD
NAME	RIVERS, NORMAN, JR.
STREET ADDRESS	RT 1 BOX 344
CITY-ST-ZIP	ALACHUA FL
<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	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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: NORMAN RIVERS, JR. 1-10-2000 352.378 6660

CR2E034 (9/99)