

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90086 004 ***150.00

DOCUMENT # F76355

1. Entity Name
RIVERS FOLIAGE, INC.

Principal Place of Business

**2292 GREENLEAF RD
 ZOLFO SPGS FL 33890
 US**

Mailing Address

**2291 GREENLEAF RD
 ZOLFO SPGS FL 33890
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2093377

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RIVERS, DELENA L

2292 GREENLEAF RD

**~~ZOLFO SPRINGS FL 33890~~ Wauchula, FL
 33873-8263**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PDVP RIVERS, DELENA 2292 GREENLEAF RD ZOLFO SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERS, DELENA 2292 GREENLEAF RD ZOLFO SPRINGS 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Delena Rivers 2292 Greenleaf Rd Wauchula, FL 33873-8263	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice. President, Director Sonya Rasmussen 797 N. Ed Wells Road Wauchula, FL 33873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Director Clem L. Yawn 2292 Greenleaf Rd Wauchula, FL 33873-8263	<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
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 empowerments.

SIGNATURE: **Delena Rivers, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 863 7350766
 Date Daytime Phone #

CR2E034 (9/01)

SUNCOAST DISTRICT



357947
~~ATTACHMENT~~
~~# F76355~~

Dear Postal Customer:

At the United States Postal Service, we are committed to giving you the very best service possible. That means doing everything we can to provide you with mail delivery that is both prompt and accurate.

To help us maintain our quality service, we have had to make changes in your ZIP Code. This is in response to operational and delivery concerns that resulted in ZIP Code boundary changes. Many times changes such as this are necessitated by population shifts and growth.

We apologize for any inconvenience this change may cause. But we want you to understand that these changes are essential for us to bring you the kind of outstanding mail delivery you expect.

Effective June 1, 2002 your mailing address with your new ZIP Code will be:

POSTAL CUSTOMER
2292 GREENLEAF RD
WAUCHULA FL 33873-8263
Deleat Arnold Rivers
Rivers' Foliage, Inc.

(Phone #
863 735 0766
Cell 843 245 7703)

We understand that change is never easy. You will need time to notify the people you correspond with, and perhaps to prepare new return address labels or stationary. It is important you begin using your new ZIP Code shown by 6/01/02, however the Postal Service will ensure delivery of your mail with the old ZIP Code for a period of one year. We want to make it as easy for you as possible. Thanks for your cooperation.

Sincerely,

Your Local Postmaster