

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002196

1. Entity Name
UNION RIVER DEVELOPMENT CORPORATION

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90041 017 ***150.00

Principal Place of Business Mailing Address
4769 SWEETMEADOW CIRCLE 4769 SWEETMEADOW CIRCLE
SARASOTA FL 34238 SARASOTA FL 34238-3398



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 **01-0429620** Applied For
Not Applicable

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	
FAGIN, ROBERT 4769 SWEETMEADOW CIRCLE SARASOTA FL 34238		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITLIN, LINDA J	NAME	
STREET ADDRESS	8 LAKEVIEW RD	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02130	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITLIN, DAVID F	NAME	
STREET ADDRESS	110 MEETINGHOUSE PATH	STREET ADDRESS	
CITY-ST-ZIP	ASHLAND MA 07121	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, DIANE B	NAME	
STREET ADDRESS	110 MEETINGHOUSE PATH	STREET ADDRESS	
CITY-ST-ZIP	ASHLAND MA 01721	CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGIN, ROBERT	NAME	
STREET ADDRESS	4769 SWEETMEADOW CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Robert Fagin* Resident **Robert Fagin** 1/5/2000 941-922-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)