

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 17, 2001 8:00 am
Secretary of State

04-25-2001 90375 050 ***150.00

DOCUMENT # J92929

1. Entity Name

THREE RIVERS PROPERTIES, INC.

Principal Place of Business

Mailing Address

**700 MARINE STREET
 CARRABELLE FL 32322
 US**

**PO BOX 1118
 CARRABELLE FL 32322
 US**

43950



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 **59-3072608**

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

**POTEET, RANDALL D
 MARINE ST.
 CARRABELLE FL 32322**

Name **Farris Vance Millender**

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

HWY 67 Box 1118

City **Carrabelle**

FL

Zip Code **32322**

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 filer if applicable.

(NOTE: Registered Agent's 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, 2001 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 **S** ☒ Delete
 NAME **POTEET, KATHY M**
 STREET ADDRESS **MARINE STREET**
 CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **POTEET, RANDY**
 STREET ADDRESS **MARINE STREET**
 CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **MILLENDER, JOHN CHAPMAN**
 STREET ADDRESS **HWY 67**
 CITY-ST-ZIP **CARRABELLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MILLENDER, FARRIS VANCE**
 STREET ADDRESS **HWY 67**
 CITY-ST-ZIP **CARRABELLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

850 697 3301

Daytime Phone #

CR2E034 (10/00)