

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90071 044 \*\*\*150.00

**DOCUMENT # K03895**

1. Entity Name  
**RIVER ROAD PROPERTIES, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>2234 RIVER ROAD<br>JACKSONVILLE FL 32207 | Mailing Address<br>2234 RIVER ROAD<br>JACKSONVILLE FL 32207-4013 |
|---|--|

LUUJJB37



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2857785</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|  |  |  |  |  |  |    |  |                          |  |
|--|--|--|--|--|--|----|--|--------------------------|--|
| 6. Name and Address of Current Registered Agent                    |  |  |  | 7. Name and Address of New Registered Agent                                  |  |    |  |                          |  |
| <b>LORI T. NEMEYER</b><br>2234 RIVER ROAD<br>JACKSONVILLE FL 32207 |  |  |  | Name<br><b>Lori N. Boyer</b>   |  |    |  |                          |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>2234 River Road</b> |  |    |  |                          |  |
|  |  |  |  | City<br><b>Jacksonville.</b>   |  | FL |  | Zip Code<br><b>32207</b> |  |

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 Lori N. Boyer **LORI N. BOYER** **4/4/00**  
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                      | DPST                | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | BOYER, LORI N       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 2234 RIVER RD.      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | JACKSONVILLE FL     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | AS                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ELISON, GAYE        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 12550 PERCY LANE    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | JACKSONVILLE FL     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | AT                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | NEMEYER, TERRELL A. |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 22-THIRD AVE.       |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | BRANFORD CT         |                                 |  | 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   |  |                                 |                                   |
| 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: Lori Boyer **4/4/00** **904-398-0112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)