

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90002 031 \*\*\*550.00

**DOCUMENT #** LO5513  
**1. Entity Name**  
RIVER VIEW FARMS, INC. ✓

**Principal Place of Business**  
RT 2 Box 1752  
WEST RIVER RD  
PAATKA, FL 32177

**Mailing Address**  
RT 2 Box 1752  
WEST RIVER RD  
PAATKA, FL 32177

**2. Principal Place of Business**  
9905 NW 127th Ct.

**3. Mailing Address**  
9905 NW 127th Ct.

Suite, Apt. #, etc.

**City & State**  
Ocala, FL

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Ocala, FL

**Zip** 34482 **Country** USA

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**4. FEI Number**  
59-2610120

**Applied For**  
 **Not Applicable**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

A0075270

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
ANDERSEN, SALLY  
9905 NW 127th Ct.  
Ocala, FL 34482

**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, 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	
<b>TITLE</b> <u>PS Andersen, Sally</u> <input type="checkbox"/> Delete	<b>NAME</b> <u>ANDERSEN, SALLY</u>
<b>STREET ADDRESS</b> <u>RT 2 Box 1752</u>	<b>CITY-ST-ZIP</b> <u>PAATKA, FL 32177</u>
<b>TITLE</b> <u>VP Andersen, Beuce</u> <input type="checkbox"/> Delete	<b>NAME</b> <u>ANDERSEN, BEUCE</u>
<b>STREET ADDRESS</b> <u>RT 2 Box 1752</u>	<b>CITY-ST-ZIP</b> <u>PAATKA, FL 32177</u>
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<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <u>PS Andersen, Sally</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <u>ANDERSEN, SALLY</u>
<b>STREET ADDRESS</b> <u>9905 NW 127th Court</u>	<b>CITY-ST-ZIP</b> <u>Ocala, FL 34482</u>
<b>TITLE</b> <u>VP Andersen, Beuce</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <u>ANDERSEN, BEUCE</u>
<b>STREET ADDRESS</b> <u>9905 NW 127th Court</u>	<b>CITY-ST-ZIP</b> <u>Ocala, FL 34482</u>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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

**Date** 6/29/01 **Daytime Phone #** 352-870-0369

CR2E034 (11/00)