

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90051 030 \*\*\*\*61.25

**DOCUMENT # N00000007172**

1. Entity Name

**THE RIVER IN THE RIVER CITY INC.**

Principal Place of Business

**2476 QUAIL AVE.  
 JACKSONVILLE FL 32218**

Mailing Address

**2476 QUAIL AVE.  
 JACKSONVILLE FL 32218**

2. Principal Place of Business

**1597 Sutton PLACE**

3. Mailing Address

**1597 Sutton PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Yulee FL**

City & State

**Yulee FL**

Zip

**32097**

Country

**USA**

Zip

**32097**

Country

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CRUTCHFIELD, EDDIE L JR.  
 2476 QUAIL AVE.  
 JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name **Dony Joseph Breaux**

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

**1597 Sutton PLACE**

City **Yulee**

**FL**

Zip Code **32097**

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]*

(NOTE: Registered Agent signature required when reinstating)

**2/3/01**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRUTCHFIELD, EDDIE L JR. 429 BLUE3 WHALE WAY JACKSONVILLE FL 32218</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRUTCHFIELD, ANGEL C 429 BLUE WHALE WAY JACKSONVILLE FL 32218</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BREAUX, DONY J 1597 SUTTON PLACE YULEE FL 32097</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BREAUX, VALERIE K 1597 SUTTON PLACE YULEE FL 32097</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENDRY, JERRY E 2476 QUAIL AVE. JACKSONVILLE FL 32218</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENDRY, ELIZABETH M 2476 QUAIL AVE. JACKSONVILLE FL 32218</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATOS, ANTONIO 1597 SUTTON PLACE YULEE FL 32097</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATOS, PAM 1597 SUTTON PLACE YULEE FL</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/01**

Date

**(904) 359-9650**

Daytime Phone #

CR2E037 (10/00)