## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000007836

1. Entity Name

OLDE EAU GALLIE RIVERFRONT, INC.



## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 91424 010 \*\*\*\*61.25

							11.53				
Principal Place of Business 1405 HIGHLAND AVE. MELBOURNE FL 32935			1405 H	Mailing Address 1405 HIGHLAND AVE. MELBOURNE FL 32935				: 10011181 B31 <b>0</b> 8	iil 384:  882:  <b>88</b> : : 8 <b>3</b> ]:  36: :	1 <b>01</b> 127 (8 <b>01</b> 2) 1 <b>2</b> 12 <b>0</b> (2	
2. Principal Place of Business 3. Ma				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State				4. FEI Number <b>59-3749868</b> Applied For Not Applicable			·
Zip Country			Zip Co			intry	5. Certificate of Status Desired See Required			litional	
		d Agent	Agent			7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent						Name					
CARTER, BRENDA 220 GRANT AVE.						Street Address (P.O. Box Number is Not Acceptable)					
SATELLITE BEACH FL 32937				City					F	Zip Cod	e
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. I am familiar with, and accept the obligations of registered agent.											and accept
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW: FEE IS \$61.25  9. Election C Trust Fund						_		<b>\$5.00</b> May Be Added to Fees	Florida Dep	eck Payable partment of S	State
10.							A	DDITIONS/CHANG	ES TO OFFICERS AND		<del></del> 1:
	1496 ALBE	r, george ert dr. Ne Fl. 32935		Delete						☐ Change	Addition
	VD SANDERS, 101 BARTO BOCKLEDO		<u>-</u>	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS	t Carter, e 220 Gran	BRENDA		Delete	TITLE NAM STRE	:				☐ Change	Addition
TITLE NAME	SD APELGREN 1428 HIGH	I, SCOTT		☐ Delete		E Et address -St-Zip	SD Dec 304	on Dono H Bever Lbourne	Var Ly CT Beach FL	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Richa 1101	ard Heste s. Orlando - Beach Fi	=R Au L 3:	P Delete		ET ADDRESS -ST-ZIP	TD RIC LIOI LOC	hard He S. Orl	Var Ly CT Beach, FL ester ando Aue ch FL 3:	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1		[		☐ Change	Addition

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 all other like empowered.

SIGNATURE:

Trea sumer L. HesTER

4-30.03 321-259-5649