2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # N25784  1. Entity Name					FILED Jan 09, 2002 8:00 am Secretary of State			65:78900
SUWANN	IEE RIVER RESOURCE CON DUNCIL, INC.	SERVATION AND DEV	ELOP			90022 008 ****61.2		
Principal Plac	e of Business	Mailing Address						
234 COURT ST		234 COURT STREET SE						
LIVE OAK FL 3		LIVE OAK FL 32060						
<u> </u>	AD State	La Mailine Address						
2. Principal Place of Business 234 Court St. SF		3. Mailing Address 234 Court St. S.E.		.   110011	igh Bio 11601 Ailli 18601 (8)	]  0,01 0;0;; 010H 319H 0;0H 011H	EIBH IBAL	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WE	ITE IN THIS SPACE		
City & Stat	ak Fl.	City & State	<u> </u>	4. FEI Nur	nber 59-2510229	· <del></del>	olied For Applicable	
Zip.	Country	Zip o. /	Country	5. Certifica	ate of Status Desired	□ \$8.75 Addi		
32064		Basistand Agent	usr		nd Address of New	Fee Required		
	6. Name and Address of Current	Hegistered Agent	Name	r. Name a	and Addition of How	Trogiotorou rigent		
POPE BURGELA			Street A	ddress (P.O. Box Nur	nber is Not Acceptat	oie)		
POPE, RUSSELL 234 COURT STREET SE					· · · · · · · · · · · · · · · · · · ·	<del></del>		
·LIVE OAK FL 32060					Zio Codo			
• .			City			FL Zip Code	.,	
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office of	registered agent, or	both, in the state of F	Florida.		
	$\Omega$ . I.L. A	- 1/h	$\mathcal{P}_{u^{c}}$	mell Anna	2 16	-112		
SIGNATURE	Signature, typed or printed name of registered agent	and title pappleable. (NOTE	E: Registered Agent signat	ure required when reinstating	7 7 9	DATE		
	policit ka the de late.	/						
	* * *							
	FILE NOW: FEE IS \$61.25		npaign Financing	\$5.00 Ma	,, 50	lake Check Payable t		
-	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C		\$5.00 Ma	,, 50	lake Check Payable t Department of State		
10.	OFFICERS AND DI	Trust Fund C		Added to Fe	ees	Department of State	10	£
10. TITLE	OFFICERS AND DI	Trust Fund C	11.	Added to Fe	ees	Department of State		(9/01)
10.	OFFICERS AND DI	Trust Fund C	Contribution.	Added to Fe	ees	Department of State	10	037 (9/01)
10. TITLE NAME	OFFICERS AND DI	Trust Fund C	11. TITLE NAME	Added to Fe	ees	Department of State  CERS AND DIRECTORS IN  Change	10 Addition	R2E037 (9/01)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI PD POPE, RUSSELL P.O. BOX P N/A LIVE OAK FL 32060 SD	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fe	ees	Department of State	10	CR2E037 (9/01)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI PD POPE, RUSSELL P.O. BOX P N/A LIVE OAK FL 32060 SD ODGEN, RUFUS	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fe	ees	Department of State  CERS AND DIRECTORS IN  Change	10 Addition	CR2E037 (9/01)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI PD POPE, RUSSELL P.O. BOX P N/A LIVE OAK FL 32060 SD	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fe	ees	Department of State  CERS AND DIRECTORS IN  Change	10 Addition	CR2E037 (9/01)
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD POPE, RUSSELL P.O. BOX P N/A LLVE OAK FL 32060 SD ODGEN, RUFUS PO BOX 603 WELLBORN FL 32094 VPD	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fe	CHANGES TO OFFIC	Department of State  CERS AND DIRECTORS IN  Change	10 Addition	CR2E037 (9/01)
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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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>se 1-</u>

6-02 (386)36

Daytime Phone #