

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90042 027 ****61.75

DOCUMENT # N51002

1. Entity Name

NEW RIVER ROLLERS, INC.

Principal Place of Business

P.O. BOX 1414
 FT. LAUDERDALE FL 33302

Mailing Address

P.O. BOX 1414
 FT. LAUDERDALE FL 33302

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0359677

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LIVOTI, ANTHONY M. JR.
805 E. BROWARD BLVD.
#200
FT. LAUDERDALE FL 33301

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

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 Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **JENKINS, ELIZABETH**
 STREET ADDRESS **13750 CEDAR BLUFF CT**
 CITY-ST-ZIP **DAVIE FL**

TITLE **TD** ☒ Delete
 NAME **KOOI, GERRIT**
 STREET ADDRESS **1423 SW 2ND ST 2**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VD** ☐ Delete
 NAME **ANDEXLER, DAVID**
 STREET ADDRESS **800 SW 4TH CT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **SD** ☐ Delete
 NAME **LOWER, MICHAEL**
 STREET ADDRESS **1501 NW 9 ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **Becker, Reid**
 CITY-ST-ZIP **10923 NW 29 Ct.**
Sunrise, FL 33322

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: Reid Becker, Treasurer **4/1/01** **(305) 829-0700** **#135**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)