

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005672

1. Entity Name

MIAMI RIVER FUND, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90054 012 ****61.25

Principal Place of Business

Mailing Address

330 ALHAMBRA CIRCLE
 CORAL SPRINGS FL 33134

330 ALHAMBRA CIRCLE
 CORAL SPRINGS FL 33134-5004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0867648

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, ROBERT L ESQ.
 HAGGARD, PARKS & STONE, P.A.
 330 ALHAMBRA CIRCLE
 CORAL GABLES FL 33134

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

[Handwritten Signature]

2/14/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, ROBERT L	
STREET ADDRESS	330 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL SPRINGS FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERINGHAM, PHILIP	
STREET ADDRESS	2602 SAN DOMINGO	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNNELL, RICHARD	
STREET ADDRESS	1620 S. BAYSHORE COURT	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDE, SALLYE	
STREET ADDRESS	118 S.W. SOUTH RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]
 D.F. MILLER
 MANAGING DIRECTOR

3/6/00

(305) 361-4850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)