

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State
 02-22-2001 90135 045 ****61.25

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DOCUMENT # N98000005672

1. Entity Name

MIAMI RIVER FUND, INC.

Principal Place of Business

Mailing Address

**330 ALHAMBRA CIRCLE
 CORAL SPRINGS FL 33134**

**330 ALHAMBRA CIRCLE
 CORAL SPRINGS FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0867648

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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 reports 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 make 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, title, or name like empowered.

SIGNATURE: **SIGNATURE OF ROBERT L PARKS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01 (305) 361-4850
Date Daytime Phone #

CR2E037 (10/00)