

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 028 *****61.25

0079533

DOCUMENT # N99000000719

1. Entity Name

SPRINGS RIVER FESTIVAL, INC.



Principal Place of Business

**3904 N.W. 65TH AVE.
VIRGINIA GARDENS FL 33166**

Mailing Address

**P.O. BOX 661155
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

141 PALMETTO DR.

3. Mailing Address

PO BOX 661155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL

City & State

MIAMI SPRINGS FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number **59-3559286**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLLA, JOSEPH A

135 WESTWARD DRIVE

SUITE A

MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name **CONSTANCE L. BRANDENBURG, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

100 WESTWARD DR.

City

MIAMI SPRINGS FL

Zip Code

33166 FL

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.

SIGNATURE

Marjorie Palmer

Signature, typed or printed name of registered agent and title if applicable.

Constance L. Brandenburg

(NOTE: Registered Agent signature required when reinstating)

4/29/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	JONES, KAREN	
STREET ADDRESS	570 FALCON AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	570 FALCON AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALMER, MARJORIE	
STREET ADDRESS	141 PALMETTO DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GARCIA, JUANITA	
STREET ADDRESS	116 CHEROKEE STREET	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOUCKS, LAURA	
STREET ADDRESS	164 FERN WAY	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOIS, BETTY D	
STREET ADDRESS	1025 HUNTING LODGE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Marjorie Palmer

4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)