

2000 UNIFORM BUSINESS REPORT (UBR)

1/29/

FILED

Apr 20, 2000 8:00 am
Secretary of State

01-29-2000 90134 004 ****61.25

DOCUMENT # N99000006158

1. Entity Name

RIVERHILLS INTERNATIONAL OUTREACH, INC.

Principal Place of Business

Mailing Address

4819 E. BUSCH BOULEVARD
TAMPA FL 33617

4819 E. BUSCH BOULEVARD
TAMPA FL 33617-6055

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4819 E. Busch Blvd.

4819 Busch Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 206-2

Suite 206-2

City & State

City & State

Tampa, FL 33617

Tampa, FL

Zip

Country

Zip

Country

33617

USA

33617

USA

4. FEI Number

59-3605651

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

GRACIANO, MIGUEL
4819 E. BUSCH BOULEVARD
SUITE 206-2
TAMPA FL 33617

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GRACIANO, MIGUEL
STREET ADDRESS 4807 E. OKARA ROAD
CITY-ST-ZIP TAMPA FL 33617

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

TITLE D ☐ Delete
NAME HARTZ, JASON
STREET ADDRESS 10312 RANGELINE ROAD
CITY-ST-ZIP THONOTOSASSA FL 33592

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

TITLE D ☐ Delete
NAME LARSON, JOHN
STREET ADDRESS 8115 13TH STREET
CITY-ST-ZIP TAMPA FL 33604

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

TITLE D ☐ Delete
NAME SEEBARAN, CELESTE
STREET ADDRESS 4807 E. OKARA ROAD
CITY-ST-ZIP TAMPA FL 33617

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00 (413) 983-95

Date

Daytime Phone #