

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90267 017 ***158.75

DOCUMENT # P00000045633

1. Entity Name
RIVER VIEW MANAGEMENT COMPANY

Principal Place of Business
1125 NORTH SUMMIT STREET
CRESCENT CITY FL 32112

Mailing Address
1125 NORTH SUMMIT STREET
CRESCENT CITY FL 32112

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 **59-3644341**

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

FRAZER, NORMA J
1125 NORTH SUMMIT STREET
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name: **WILLIAM E. BUTLER**

Street Address (P.O. Box Number is Not Acceptable)
1125 N. SUMMIT ST

City **CRESCENT CITY**

FL

Zip Code **32112**

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

William E. Butler

WILLIAM E. BUTLER

4/23/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRAZER, NORMA J	
STREET ADDRESS	1125 NORTH SUMMIT STREET	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, WARREN D	
STREET ADDRESS	1125 N SUMMIT ST	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMKINS, JOHN B	
STREET ADDRESS	101 S MAIN ST	
CITY-ST-ZIP	SOMERSET KY 42501	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM E. BUTLER	
STREET ADDRESS	229 KIRKWOOD AVE.	
CITY-ST-ZIP	POMONA PARK, FL 32181	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Butler

4/23/02

(386) 698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)