

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
 03-31-2002 90055 021 ***150.00

0124091 AV

DOCUMENT # P01000008076

1. Entity Name

RIVER ISLAND DEVELOPMENT CORPORATION

Principal Place of Business

**SEBASTIAN EXECUTIVE BUILDING
 1623 NORTH US HWY 1, SUITE A-3
 SEBASTIAN FL 32958**

Mailing Address

**SEBASTIAN EXECUTIVE BUILDING
 1623 NORTH US HWY 1, SUITE A-3
 SEBASTIAN FL 32958**

C/O BARBARA A. MALEK, P.A.

2. Principal Place of Business

3. Mailing Address

4840 47TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

Zip

Country

32967

INDIAN RIVER

4. FEI Number

65-1092686

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

ABELSON, J JAMES

**1623 N US HWY 1, SUITE A-3
 SEBASTIAN FL 32958**

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

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 Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 ABELSON, J JAMES
 1623 N US HWY 1, SUITE A-3
 SEBASTIAN FL 32958**

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 MALEK, JOHN M
 2190 47TH TERR
 VERO BEACH FL 32960**

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 LARGE, JACK
 5628 CYPRESS CREEK DR
 GRANT FL 32949**

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 CITY-ST-ZIP
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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PTD. 3-18-2002 (772) 585-9106

CR2E034 (9/01)