

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90058 032 \*\*\*150.00

**DOCUMENT # P01000041419**

1. Entity Name  
**SUWANNEE RIVER VENTURES, INC.**

Principal Place of Business: **1920 NW 50TH STREET BELL FL 32619**  
 Mailing Address: **1920 NW 50TH STREET BELL FL 32619**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4240 SW 86th Ave Bell, FLA.**  
 Suite, Apt. #, etc.

3. Mailing Address: **32619**  
 City & State: **32619**  
 Zip: **32619** Country: **USA**

4. FEI Number: **59-3715344**  
 Applied For: ☐ Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PHILMAN, CHRISTINE J**  
**1920 NW 50TH STREET**  
**BELL FL 32619**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (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

TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>PHILMAN, CHRISTINE J</b>	
STREET ADDRESS: <b>1920 NW 50TH STREET</b>	
CITY-ST-ZIP: <b>BELL FL 32619</b>	
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: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Emory James Philman</b>	
STREET ADDRESS: <b>3387 NW 20th Ave.</b>	
CITY-ST-ZIP: <b>Bell, FL 32619</b>	
TITLE: <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Mary Sherlene Bostick</b>	
STREET ADDRESS: <b>3616 SE 18th Ave</b>	
CITY-ST-ZIP: <b>Gainesville, FL 32609</b>	
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)(l), 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: **Christine J Philman, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/02 (352) 463-3444**  
 Date Daytime Phone #

CR2E034 (9/01)