

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90021 030 ***150.00

DOCUMENT # P02000000303

1. Entity Name
RIVER BREEZE RESTAURANT, INC.

Principal Place of Business

16121 E SUNFLOWER TRAIL
ORLANDO FL 32828

Mailing Address

16121 E SUNFLOWER TRAIL
ORLANDO FL 32828

2. Principal Place of Business

1817 S. Washington Ave
 Suite, Apt. #, etc.

3. Mailing Address

River Breeze Restaurant
 Suite, Apt. #, etc.

City & State

Titusville, FL.

City & State

Titusville, FL.

4. FEI Number

30-0026703

Applied For

Not Applicable

Zip

32780 U.S.A.

Country

Zip

32780 U.S.A.

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCLUNG, GRACE A
16121 E SUNFLOWER TRAIL
ORLANDO FL 32828

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

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

TITLE **President** ☐ Delete

NAME **John McClung**
STREET ADDRESS **PO Box 621996**
CITY-ST-ZIP **Orlando, FL. 32762**

TITLE **Vice President** ☐ Delete

NAME **Grace A. McClung**
STREET ADDRESS **16121 E. Sunflower Trail**
CITY-ST-ZIP **Orlando, FL. 32828**

TITLE **Vice President** ☐ Delete

NAME **Sharon Brown**
STREET ADDRESS **431 Krueger St.**
CITY-ST-ZIP **Orlando, FL. 32839**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

Grace A. McClung
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

321-268-5976

CR2E034 (9/01)