

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90166 016 ***150.00

DOCUMENT # P02000007489					
1. Entity Name RIVER RUN DEVELOPMENT CORP.					
Principal Place of Business 10281 SW 132 STREET MIAMI, FL 33176			Mailing Address 10281 SW 132 STREET MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. CASTLE Hill Way			Suite, Apt. #, etc. P.O. Box 558		
City & State SEWALL'S POINT FL			City & State SENSEN BEACH FL		
Zip 34996	Country USA	Zip 34958	Country USA	4. FEI Number 43-1950324	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☐ CHECK HERE IF MAKING CHANGES Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DEGRAFF, ROSALIND R 10281 SW 132 STREET MIAMI, FL 33176			7. Name and Address of New Registered Agent Name DEGRAFF, ROSALIND R. Street Address (P.O. Box Number is Not Acceptable) 9 CASTLE Hill Way City SEWALL'S POINT FL Zip Code 34996		
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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE			DATE 4-21-03		
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when submitting.			DATE		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PRESIDENT, TREASURER ☐ Delete ROSALIND R. DEGRAFF 9 CASTLE Hill Way SEWALL'S POINT FL 34996				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	V. Pres. / SECRETARY ☐ Delete ROGER W. DEGRAFF 9 CASTLE Hill Way SEWALL'S POINT FL 34996				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	CHAIRMAN ☐ Delete ROSALIND R. DEGRAFF 9 CASTLE Hill Way SEWALL'S POINT FL 34996				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DIRECTOR ☐ Delete ROGER W. DEGRAFF 9 CASTLE Hill Way SEWALL'S POINT FL 34996				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. 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				
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 807, 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:			DATE 4-21-03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

CR2E034 (10/02)