

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90919 035 \*\*\*150.00

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<b>DOCUMENT #</b>	<b>P92000010295</b>
<b>1. Entity Name</b>	
<b>RIVER ROAD LAND COMPANY</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>1575 MAIN STREET</b>	<b>1575 MAIN STREET</b>
<b>SARASOTA FL 34236</b>	<b>SARASOTA FL 34236</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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<b>4. FEI Number</b>	<b>65-0379250</b>	Applied For
		Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>KENT, WENDEL F</b>
<b>1575 MAIN STREET</b>
<b>SARASOTA FL 34236</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

<b>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.</b>
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)</b>
<input type="checkbox"/>

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

<b>10. Election Campaign Financing Trust Fund Contribution.</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KENT, WENDEL F.
STREET ADDRESS	1575 MAIN STREET
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	VP
NAME	KENT, PETER B
STREET ADDRESS	7235 SADDLE CREEK CIRCLE
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	S
NAME	WHITE, ELIZABETH T
STREET ADDRESS	3611 QUAIL HOLLOW PLACE
CITY-ST-ZIP	BRADENTON FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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.**

<b>SIGNATURE:</b>	<i>Wendel F. Kent</i>	<b>WENDEL F. KENT</b>	<b>25 March 2002</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President	Date Daytime Phone #

CR2E034 (9/01)