# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 26, 2002 8:00 am**
**Secretary of State**
03-26-2002 90038 049 ***150.00

DOCUMENT # P94000088529

1. Entity Name

Three Rivers of Brooksville, Inc.

DO NOT WRITE IN THIS SPACE

B0051302

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 15520 Cortez Blvd | PO Box 10882 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Brooksville FL | City & State: Brooksville FL |
| Zip: 34613 Country | Zip: 34613 Country |

4. FEI Number: 593286895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Rudwick, Wallace

Street Address (P.O. Box Number is Not Acceptable)

73 Midway Island

City: Clearwater FL Zip Code: 34630

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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1 Fee is $550.00**
**Amended UBR is $61.25**
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Rudwick Wallace<br>73 Midway Island<br>Clearwater FL 33767 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Rudwick Paul<br>15520 Cortez Blvd<br>Brooksville FL 34613 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Wallace Rudwick Wallace Rudwick Sec. Treas 3/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #