

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046868

1. Entity Name

RIVER CITY PARKING CORPORATION

Principal Place of Business

6527 BURNHAM CR
PONTE VEDRA BEACH FL 32082

Mailing Address

6527 BURNHAM CR
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3304 Sawgrass Village Cr.
Suite, Apt. #, etc.

3. Mailing Address

3304 Sawgrass Village Cr.
Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

U.S.A.

Zip

32082

Country

U.S.A.

4. FEI Number

59-3324178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DENNIS M
6527 BURNHAM CR.
PONTE VEDRA BCH FL 32082

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

Dennis M. Williams

[Signature]

3-16-01

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DENNIS M	
STREET ADDRESS	6527 BURNHAM CR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SARA O	
STREET ADDRESS	6527 BURNHAM CR.	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3304 Sawgrass Village Cr.	
STREET ADDRESS	Ponte Vedra Beach, FL 32082	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3304 Sawgrass Village Cr.	
STREET ADDRESS	Ponte Vedra Beach, FL 32082	
CITY-ST-ZIP		
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		
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)(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:

Sara O. Williams

Sara O. Williams

3-15-01

904/273-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90052 034 ***150.00

932466



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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