

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016658

1. Entity Name
RIVER CITY ACADEMY, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90025 022 ***550.00

Principal Place of Business

3560 MARBON RD
JACKSONVILLE FL 32223
US

Mailing Address

3560 MARBON ROAD
JACKSONVILLE FL 32223
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3366330**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COVEY, KAREN W
8634 HEATHER RUN DRIVE SOUTH
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Stephen Arroyo
Street Address (P.O. Box Number is Not Acceptable)
484 N. Bridgestone Ave.
City Jacksonville FL 32259

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 STEPHEN ARROYO, VICE PRESIDENT 9/7/2000
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	COVEY, KAREN W	
STREET ADDRESS	8634 HEATHER RUN DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COVEY, DON	
STREET ADDRESS	8634 HEATHER RUN DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN ARROYO	
STREET ADDRESS	484 N. BRIDGESTONE AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN ARROYO	
STREET ADDRESS	484 N. BRIDGESTONE AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
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: STEPHEN ARROYO, VICE-PRESIDENT 9/7/2000 (904) 262-2666
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)