

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032258

1. Entity Name

RIVER BLUFF CONSTRUCTION, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90078 048 \*\*\*150.00

Principal Place of Business

Mailing Address

RT. 1, BOX 1486  
US 27 SOUTH  
HAVANA FL 32333

RT. 1, BOX 1486  
US 27 SOUTH  
HAVANA FL 32333-9001

2. Principal Place of Business

3. Mailing Address

1048 FL/GA Hwy  
Suite, Apt. #, etc.

1048 FL/GA Hwy  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HAVANA, FL

City & State

HAVANA, FL

4. FEI Number

59-3398459

Applied For

Not Applicable

Zip

32333

Country

CADSDEN

Zip

32333

Country

CADSDEN

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TILLER, J. RONALD  
RT. 1, BOX 1486  
US 27 SOUTH  
HAVANA FL 32333

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME TILLER, J. R.  
STREET ADDRESS RT. 1, BOX 1486  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Change ☐ Addition  
NAME 1048 FL/GA Hwy  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME TILLER, BECKY N  
STREET ADDRESS RT. 1, BOX 1486  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Change ☐ Addition  
NAME 260 River Bluff Drive  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME TILLER, THOMAS R  
STREET ADDRESS RT. 1, BOX 1486  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Change ☐ Addition  
NAME 4133 Hernand Dr.  
STREET ADDRESS TALLAHASSEE, FL 32303  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BREWER, KELLEY T  
STREET ADDRESS 4127 MCLEOD DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00 562-1609