

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90304 004 \*\*\*158.75

**DOCUMENT # P96000039429**

1. Entity Name

**RIVER CITY CONTRACTORS, INC.**

Principal Place of Business

**4517-6 APPLETON AVE.  
JACKSONVILLE FL 32210**

Mailing Address

**4517-6 APPLETON AVE.  
JACKSONVILLE FL 32210**

2. Principal Place of Business

**4525 Appleton Ave.**  
Suite, Apt. #, etc.

3. Mailing Address

**4525 Appleton Ave.**  
Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

**32210**

Country

**US**

City & State

**Jacksonville, FL**

Zip

**32210**

Country

**US**

4. FEI Number

**59-3375686**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COTTRILL, ALAN  
4517-6 APPLETON AVE  
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

**Cottrill, Alan**

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

**4525 Appleton Ave.**

City

**Jacksonville**

FL

Zip Code

**32210**

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, 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 **PC** ☐ Delete  
NAME **COTTRILL, ALAN**  
STREET ADDRESS **4517-6 APPLETON AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **TS** ☐ Delete  
NAME **COTTRILL, BARBARA M**  
STREET ADDRESS **4517-6 APPLETON AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **4525 Appleton Ave**  
CITY-ST-ZIP **JAX, FL 32210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **4525 Appleton Ave.**  
CITY-ST-ZIP **JAX, FL 32210**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/3/00** **384-8516**  
**904-777-1111**

CR2E034 (10/00)