

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048558

1. Entity Name

RIVER CITY BUILDERS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90062 036 ***150.00

Principal Place of Business

Mailing Address

1859 CARAVAN TR 106
 JACKSONVILLE FL 32216
 US

6816 CAMELOT RD
 JACKSONVILLE FL 32211-4802

2. Principal Place of Business

3. Mailing Address

1433 ROMNEY ST
 Suite, Apt. #, etc.
 Unit 1

Suite, Apt. #, etc.
 SAME

City & State
 JACKSONVILLE FL

City & State

4. FEI Number 59-3382422

Applied For
 Not Applicable

Zip
 32211

Country
 DUAL

Zip
 32211

Country

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

MATTHEWS, RUSSELL F
 6816 CAMELOT RD
 JACKSONVILLE FL 32211

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 MATTHEWS, RUSSELL F
 6816 CAMELOT RD
 JACKSONVILLE FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 MATTHEWS, ALAN K
 3970 CROSS CREEK RD
 JACKSONVILLE FL ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

RUSSELL F MATTHEWS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/00 904 744772

CR2E034 (9/99)