

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057534

1. Entity Name

RIVERS EDGE PLAN SOURCE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90166 018 ***150.00

Principal Place of Business

14754 ASTINA WAY
ORLANDO FL 32837

Mailing Address

14754 ASTINA WAY
ORLANDO FL 23838-8723
US

2. Principal Place of Business

6509 Masada Drive

Suite, Apt. #, etc.

3. Mailing Address

6509 Masada Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Chesterfield, VA

Zip
23838

Country
USA

City & State
Chesterfield, VA

Zip
23838

Country
USA

4. FEI Number 59-3406705

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAVRA, TONI
14754 ASTINA WAY
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name Toni VAVRA

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

3301 Bartlett Blvd

City Orlando

FL 32811

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 *Toni Vavra*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

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

TITLE PSTD
NAME VAVRA, TONI
STREET ADDRESS 14754 ASTINA WAY
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE VD
NAME VAVRA, THOMAS M
STREET ADDRESS 14754 ASTINA WAY
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME VAVRA, TONI T.
STREET ADDRESS 6509 MASADA DRIVE
CITY-ST-ZIP CHESTERFIELD, VA 23838

☒ Change ☐ Addition

TITLE VD
NAME VAVRA, THOMAS M.
STREET ADDRESS 6509 MASADA DRIVE
CITY-ST-ZIP CHESTERFIELD, VA 23838

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 reports 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

Toni T. VAVRA

4-10-00

Date

Daytime Phone #

804-751-9586

CR2E034 (9/99)