

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066580

1. Entity Name

NEW RIVER RAILS INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90160 019 \*\*\*150.00

Principal Place of Business

2800 SW 4TH AVE.  
 # 18  
 FORT LAUDERDALE FL 33315

Mailing Address

2800 SW 4TH AVE.  
 # 18  
 FORT LAUDERDALE FL 33315-3045

2. Principal Place of Business

3. Mailing Address

1503 S.W. 5th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

FL 33312 USA

4. FEI Number 65-0689521

Applied For

Not Applicable

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

SPRAGUE, SKIP  
 2800 SW 4TH AVE.  
 FORT LAUDERDALE FL 33315

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	D	<input type="checkbox"/> Delete
NAME	SPRAGUE, SKIP	
STREET ADDRESS	2800 SW 4TH AVE. #18	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPRAGUE, KATHY	
STREET ADDRESS	2800 SW 4TH AVE. #18	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Kathy Sprague  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 954-295-7453

CR2E034 (9/99)