

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90121 010 \*\*\*150.00

FORM 101

**DOCUMENT # P96000081540**

1. Entity Name  
**3 RIVERS FARMS ENTERPRISES, INC.**



Principal Place of Business  
**468 S.W. EVERGREEN COURT  
FORT WHITE FL 32038  
US**

Mailing Address  
**3188 E PEBBLE CREEK DRIVE  
AVON PARK FL 33825  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**468 S.W. EVERGREEN COURT**  
Suite, Apt. #, etc.

City & State  
**FORT WHITE, FL 32038**

Zip  
**32038**

Country  
**U.S.A.**

4. FEI Number **59-3402613**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL L  
3188 E PEBBLE CREEK DRIVE  
AVON PARK FL 33825**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**468 S.W. EVERGREEN COURT**

City **FORT WHITE** FL Zip Code **32038**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MICHAEL L <del>3188 E PEBBLE CREEK DRIVE</del> <b>468 S.W. EVERGREEN CT</b> <del>AVON PARK FL 33825</del> <b>Ft WHITE, FL 32038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, ANN M <del>3188 E PEBBLE CREEK DRIVE</del> <b>468 S.W. EVERGREEN CT.</b> <del>AVON PARK FL 33825</del> <b>Ft. WHITE, FL 32038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael L Miller* **4/15/03** **(561) 213-5736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)