

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90162 013 ***150.00

DOCUMENT # P96000100001

1. Entity Name
NEW RIVER MANUFACTURING, INC.

Principal Place of Business
**2800 SW 4 AVE STE 18
FORT LAUDERDALE FL 33315**

Mailing Address
**2800 SW 4 AVE STE 18
FORT LAUDERDALE FL 33315-3045**

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

3. Mailing Address
1503 S.W. 5 Place
Suite, Apt. #, etc.

City & State
Fort Lauderdale FL

Zip
33312

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0719131**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SPRAGUE, KATHY
2800 SW 4 AVE STE 18
FORT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent
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 _____ (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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPRAGUE, SKIP		NAME		
STREET ADDRESS	2800 SW 4 AVE STE 18		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPRAGUE, KATHY		NAME		
STREET ADDRESS	2800 SW 4 AVE STE 18		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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** **4/24/00** **295-7453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #