

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102970

1. Entity Name

OLD RIVER HOLDINGS, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90140 050 ***150.00

Principal Place of Business

Mailing Address

4300 BAYOU BLVD
SUITE 36
PENSACOLA FL 32503

4300 BAYOU BLVD
SUITE 36
PENSACOLA FL 32503-2671

2. Principal Place of Business

3. Mailing Address

698 HEINBERG ST

698 HEINBERG ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#107

#107

City & State
PENSACOLA FL

City & State
PENSACOLA FL

Zip
32501

Zip
32501

4. FEI Number
59-3431987

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

BENSON, PETER
4300 BAYOU BLVD
SUITE 36
PENSACOLA FL 32503

Name
PETER BENSON
Street Address (P.O. Box Number is Not Acceptable)
698 HEINBERG ST #107
City PENSACOLA FL Zip Code 32501

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
D
BENSON, PETER
4300 BAYOU BLVD, STE 36
PENSACOLA FL 32503 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
698 HEINBERG ST
PENSACOLA FL 32501 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/20/00

Date

X 850 432-6102

Daytime Phone #

CR2E034 (9/99)