

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028462

1. Entity Name

River Marina Enterprises, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 18 PM 4:25

Principal Place of Business  
2536 Countryside Blvd.  
6th Floor  
Clearwater, FL 33763

Mailing Address  
2536 Countryside Blvd.  
6th Floor  
Clearwater, FL 33763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593448397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Thornton, R. Maury  
2536 Countryside Blvd. 6th Floor  
Clearwater, FL 33763

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, 2001 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 PDST  
NAME Erwin, James ☒ Delete  
STREET ADDRESS 4800 Ebbtide LN  
CITY-ST-ZIP Port Richey, FL 33763

TITLE PD  
NAME Timothy O. North ☐ Change ☒ Addition  
STREET ADDRESS 2536 Countryside Blvd.  
CITY-ST-ZIP 3rd Floor Clearwater, FL 33763

TITLE ST  
NAME Thornton, R. Maury ☐ Delete  
STREET ADDRESS 2536 Countryside Blvd. 6th Floor  
CITY-ST-ZIP Clearwater, FL 33763

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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

Maury R. Thornton 6-1-01 (727) 726-0726

CR2E034 (11/00)