## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P97000095558**. • ` 1. Entity Name RIVER ONE, INC. 04-16-2001 90018 035 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 2771 218 ROYAL PALM WAY PALM BEACH FL 33480 2ND FLOOR PALM BEACH FL 33480 HS 3. Mailing Address 2. Principal Place of Business 324 Koval Palm Wau Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. <u>2</u>31 City & State Applied For City & State 4. FEI Number 65-0807130 Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAISFIELD, RANDY Bey Number is Noto cceptable) Street A 218 ROYAL PALM WAY 304 ROYAL PAIN WAY 2ND-FLOOR-PALM BEACH FL 33480 City its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entitle SIGNATURE DATE ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE HAISFIELD, RANDY NAME 324 Royal Palm Way, Ste. 231 STREET ADDRESS STREET ADDRESS -218 ROYAL PALM WAY Palm Beach, FL 33480 CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 Change ☐ Addition ☐ Detete TITLE TITLE NAME HAISFIELD, TAMARA NAME 324 Royal Palm Way, Ste. 231 STREET ADDRESS STREET ADDRESS 218 ROYAL PALM WAY Palm Beach, FL 33486 CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HAISFIELD, MARC STREET ADDRESS STREET ADDRESS 2697 TECUMSAH DRIVE CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33409 Delete ☐ Change ☐ Addition TITLE TITLE NAME HAISFIELD, LISA NAME STREET ADDRESS STREET ADDRESS 2697 TECUMSAH DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

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 resolution indicated on this report as if made under oath; that I am an officer or director of the corporation or the receiver or trustree typicated 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 abid set with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 501-657-3819
Date Dayline Phone #

CR2E034 (10)