

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90058 044 ***150.00

DOCUMENT # P98000025564

1. Entity Name

DOWN BY THE RIVER CONCESSIONS, INC.

Principal Place of Business

**HWY 309
GEORGETOWN FL 32139**

Mailing Address

**HC1 BOX 522
GEORGETOWN FL 32139**

2. Principal Place of Business

3. Mailing Address

1549 S. Hwy 309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GEORGETOWN FLA.

Zip

Country

Zip

Country

32139

4. FEI Number

59-3505175

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

**MORRIS, MICHAEL R
HWY 309 SOUTH
HCL BOX 522 GEORGETOWN
GEORGETOWN FL 32139**

Name

MICHAEL R. MORRIS

Street Address (P.O. Box Number is Not Acceptable)

1549 S. Hwy 309

City

GEORGETOWN

FL

Zip Code

32139

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 **D** ☐ Delete
NAME **MORRIS, MICHAEL R**
STREET ADDRESS **900 SOUTH SPARKMAN**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **D** ☒ Change ☐ Addition
NAME **MORRIS MICHAEL R.**
STREET ADDRESS **1549 S. Hwy 309**
CITY-ST-ZIP **GEORGETOWN FLA 32139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

CR2E034 (10/00)