

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-17-2000 91050 001 \*\*\*750.00

**DOCUMENT # P98000029689**

1. Entity Name

**HISTORIC PARTY DOCK, INC.**

*R*

Principal Place of Business

Mailing Address

8855 BLANCHARD AVENUE  
 FONTANA CA 92335

8855 BLANCHARD AVENUE  
 FONTANA CA 92335-4843

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

**APPLIED FOR**

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

**TOWNSEND, WILLIAM L JR.**  
**200 REID STREET**  
**FIRST UNION BANK BUILDING**  
**PALATKA FL 32178-0250**

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURK, RUTH</b>	
STREET ADDRESS	<b>8855 BLANCHARD AVENUE</b>	
CITY-ST-ZIP	<b>FONTANA CA 92335</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ruth A. Burk*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 27, 2000 872-8808*  
 Date Daytime Phone #

CR2F034 (9/99)

DOC# P98000029689 / 106931

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

EIN
OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <b>Historic Party Dock, Inc</b>	3 Executor, trustee, "care of" name <b>Ruth A. Burk</b>
2 Trade name of business (if different from name on line 1) <b>Same</b>	5a Business address (if different from address on lines 4a and 4b) <b>8855 Blanchard Ave</b>
4a Mailing address (street address) (room, apt., or suite no.)	5b City, state, and ZIP code <b>Fontana, Ca. 92335</b>
4b City, state, and ZIP code	
6 County and state where principal business is located <b>Putman</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) <b>Ruth A. Burk 209 30 7944</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ►
- Other (specify) ►
- Personal service corp.
- National Guard
- Farmers' cooperative
- Estate (SSN of decedent)
- Plan administrator (SSN)
- Other corporation (specify) ►
- Trust
- Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	<b>Florida</b>	Foreign country	
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- 9 Reason for applying (Check only one box.) (see instructions)
- Started new business (specify type) ►
  - Hired employees (Check the box and see line 12.)
  - Created a pension plan (specify type) ►
  - Banking purpose (specify purpose) ►
  - Changed type of organization (specify new type) ►
  - Purchased going business
  - Created a trust (specify type) ►
  - Other (specify) ► **Buildings Only**

10 Date business started or acquired (month, day, year) (see instructions)

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

14 Principal activity (see instructions) ► **Buildings only at this time**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check one box.

- Public (retail)
- Other (specify) ►
- Business (wholesale)
- N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **Ruth A. Burk**

Signature ► *Ruth A. Burk*

Date ► **7-1-00**

Business telephone number (include area code) **909-877-0808**

Fax telephone number (include area code) **909-823-7922**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying