

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031513

1. Entity Name

BOYS OF 7 RIVERS, INC.

03-08-2000 90079 017 ***150.00

P98000031513

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -6 AM 11:51

Principal Place of Business

Mailing Address

33 N. SHADOW WOOD DRIVE
INVERNESS FL 33450

33 N. SHADOW WOOD DRIVE
INVERNESS FL 34450-1454

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3501410

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

ABEL, ERIC D ESO
74 W. CHASE STREET
HERNANDO FL 34442

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 D
NAME TOBIASSEN, ROY
STREET ADDRESS 33 N. SHADOW WOOD DRIVE
CITY-ST-ZIP INVERNESS FL 33450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ABEL, GLENN N
STREET ADDRESS 1183 N. MEDITERRANEAN WAY
CITY-ST-ZIP INVERNESS FL 33453

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME YOX, DALE
STREET ADDRESS 2250 N. WATSEEDGE DRIVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RODOLFO TOBIASSEN PRESIDENT 3/5/00 352/637-6257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 19/99