

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064465

1. Entity Name
THE RIVER'S LANDING, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90064 033 ***150.00

Principal Place of Business

**4025 INDIAN RIVER DRIVE
COCOA FL 32927**

Mailing Address

**4025 INDIAN RIVER DRIVE
COCOA FL 32927**

2. Principal Place of Business

**4025 INDIAN RIVER DR.
CO**

3. Mailing Address

4025 INDIAN RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL

Zip

32927

Country

BREVARD

Zip

32927

Country

BREVARD

4. FEI Number

59-3532796

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

**HOWERING, LINDA J
4125 INDIAN RIVER DR.
COCOA FL**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD HOWERING, LINDA J 4025 INDIAN RIVER DRIVE COCOA FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Linda Howering**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-01

Company Phone #

321-631-6007

CR2E034 (10/00)