

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064465

1. Entity Name

THE RIVER'S LANDING, INC.

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.

3. Mailing Address

4025 INDIAN RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA F1

City & State

COCOA F1

Zip

32927

Country

BREVARD

Zip

32927

Country

BREVARD

6. Name and Address of Current 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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

2-4-01
Date 321-631-6007
Dwight Photo #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)