## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State P98000084384 DOCUMENT # 1. Entity Name 05-08-2002 90149 022 \*\*\*150.00 RIVERWOOD FARMS, INC. Principal Place of Business Mailing Address 3265 GARDENVIEW RD. 3265 GARDENVIEW RD. COTTONDALE FL 32431 COTTONDALE FL 32431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For 59-3538854 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGOWAN, DAVID F Street Address (P.O. Box Number is Not Acceptable) 3265 GARDENVIEW RD. COTTONDALE FL 32431 Zip Code Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Delete ☐ Change TITLE TITLE MCGOWAN, DAVID F NAME NAME 3265 GRARDENVIEW RD STREET ADDRESS STREET ADDRESS **COTTONDALE FL 32431** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change MCGOWAN, BRINSON L II NAME NAME **MF1-BMM BOX 15665** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MCGOWAN, RUTH F STREET ADDRESS STREET ADDRESS 3265 GARDENVIEW RD CITY-ST-7IP CITY-ST-ZIP COTTONDALE FL 32431 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

FILED