

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0123616 AT

DOCUMENT # **P98000084384**



FILED

03 SEP 10 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
RIVERWOOD FARMS, INC.

Principal Place of Business
**3265 GARDENVIEW RD.
COTTONDALE FL 32431**

Mailing Address
**3265 GARDENVIEW RD.
COTTONDALE FL 32431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3538854**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGOWAN, DAVID F
3265 GARDENVIEW RD.
COTTONDALE FL 32431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D MCGOWAN, DAVID F 3265 GARDENVIEW RD COTTONDALE FL 32431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900023279989 09/23/03--01047--021 **550.00
<input type="checkbox"/> Delete	D MCGOWAN, BRINSON L II MF1-BMM BOX 15665 WEST PALM BEACH FL 33406	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	ST MCGOWAN, RUTH F 3265 GARDENVIEW RD COTTONDALE FL 32431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Sept 2003 850-482-7600
Date Daytime Phone #

CR2E034 (4/03)