

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001627

1. Entity Name  
BSM RIVER CITY, INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90021 038 \*\*\*150.00

Principal Place of Business  
PO BOX 17691  
JACKSONVILLE FL 32245

Mailing Address  
PO BOX 17691  
JACKSONVILLE FL 32245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3559142

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SNYDER, ROBERT D JR  
3401 SOUTHSIDE BOULEVARD  
JACKSONVILLE FL 32216

Name ROBERT D. SNYDER, SR

Street Address (P.O. Box Number is Not Acceptable)

3401 SOUTHSIDE BLVD.

City JACKSONVILLE

FL

Zip Code 32246

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.

ROBERT D. SNYDER, SR

DATE

4/9/01

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 D ☒ Delete  
NAME SNYDER, ROBERT D JR  
STREET ADDRESS PO BOX 17691 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32245

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SNYDER, SCOTT E  
STREET ADDRESS PO BOX 17691 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32245

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SNYDER, MICHELLE L  
STREET ADDRESS PO BOX 17691 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32245

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME SNYDER, ROBERT D. SR.  
STREET ADDRESS 3401 SOUTHSIDE BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. SNYDER, SR.

Date

Daytime Phone #

4/9/01

CR2E034 (10/00)