2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900001685

1. Entity Name

ST. MARY'S RIVER RETREAT, INC.

4. BOX 8850 FL 32046

Principal Place of Business

2. Principal Place of Business

POPE, CLAUDE

RT. 4, BOX 8850 HILLIARD FL 32046

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

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

9. This corporation is eligible to satisfy its Intangible

Suite, Apt, #, etc.

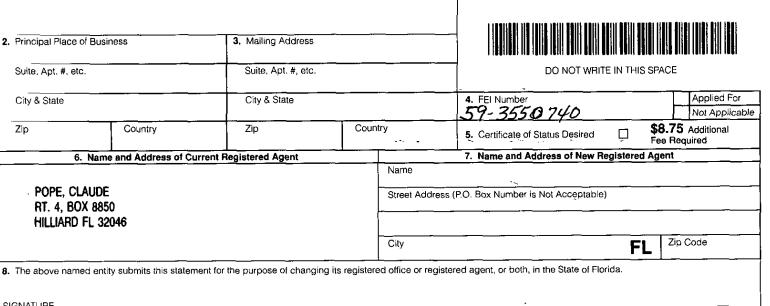
RT. 4. BOX 8850 HILLIARD FL 32046-9528

FILED

May 01, 2000 8:00 am Secretary of State

05-01-2000 90062 050 ***150.00

DECUCUUA



10. Election Campaign Financing

Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DP Delete ☐ Change TITLE POPE, CLAUDE NAME STREET ADDRESS STREET ADDRESS RT. 4. BOX 8850 CITY-ST-ZIP CITY-ST-7IP HILLIARD FL 32046 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - (Change - Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

Name

City

(NOTE: Registered Agent signature required when reinstating)

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:

\$5.00 May Be