

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90082 008 \*\*\*558.75

**DOCUMENT #** *P99000000 6189***1. Entity Name****Riverside Restaurant, Inc.****Principal Place of Business****Mailing Address****P O Box 429**  
**Welaka, FL 32193****2. Principal Place of Business****3. Mailing Address****P O Box 429**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**City & State**  
**Welaka, FL 32193****4. FEI Number**☒ **Applied For**☐ **Not Applicable**

Zip

Country

**Zip**  
**32193**

Country

**U.S.A.****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****James L. Padgett, P.A.**  
**10 Central Avenue**  
**Crescent City, FL 32112**

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

*7-7-00***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, 2000 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	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Kathryn S. Minton</b>	
STREET ADDRESS	<b>P O Box 429</b>	
CITY-ST-ZIP	<b>Welaka, FL 32193</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>M. Scott Minton</b>	
STREET ADDRESS	<b>P O Box 429</b>	
CITY-ST-ZIP	<b>Welaka, FL 32193</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Shelley Minton</b>	
STREET ADDRESS	<b>P O Box 429</b>	
CITY-ST-ZIP	<b>Welaka, FL 32193</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>James G. Minton</b>	
STREET ADDRESS	<b>P O Box 429</b>	
CITY-ST-ZIP	<b>Welaka, FL 32193</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Kathryn S. Minton</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*July 7 '00**904 467-9068*

CR2E034 (9/99)