

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053024

1. Entity Name

RIVER CITY LEASING INCORPORATED

FILED

00 MAR -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1 INDEPENDENT DR., STE. 3303
JACKSONVILLE FL 32202-5027

1 INDEPENDENT DR., STE. 3303
JACKSONVILLE FL 32202-5027

2. Principal Place of Business

3. Mailing Address

4446 IA HENDERCKS AVE

4446 IA HENDERCKS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 255

Ste 255

City & State

City & State

JACKSONVILLE

JACKSONVILLE FL

Zip

Country

Zip

Country

FL

32207

32207

DOVA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3584753

Applied For

Not Applicable

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

KIRCHER, SALLY J ESQ.
1 INDEPENDENT DR., STE. 3303
JACKSONVILLE FL 32202-5027

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

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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS PINES, ALBERT
CITY-ST-ZIP 7728 White Willow Ct
SPRINGFIELD, VA 22153

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

TITLE ☐ Delete
NAME Secy/Treas
STREET ADDRESS Powell, MARGARET M
CITY-ST-ZIP 3965 GADSDEN RD
JACKSONVILLE, FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003162045--8
CITY-ST-ZIP -03/08/00--01051--002
****150.00 ****150.00

TITLE ☐ Delete
NAME STITES, DOUGLAS
STREET ADDRESS 7512 EPSILON
CITY-ST-ZIP ROCKVILLE, MD 20855

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

TITLE ☐ Delete
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00

904 3568415

KE

CR 1014 (1/99)