

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087701

1. Entity Name

RIVER VIEW NEWS, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90052 025 ***158.75

Principal Place of Business

Mailing Address

2652 FLOWING WELL RD
DELAND FL 32720

2652 FLOWING WELL RD
DELAND FL 32720-8903

2. Principal Place of Business

3. Mailing Address

2750-B Enterprise Rd. P.O. Box 6030

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City FL

City & State

Deltona, FL

Zip

32763

Country

US

Zip

32728

Country

US

4. FEI Number

59-3599874

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLEICHER, ROY M
2652 FLOWING WELL RD
DELAND FL 32720

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, type 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	SCHLEICHER, ROY M	2652 FLOWING WELL RD DELAND FL 32720				
	D	GOUDY, SENTA M	2652 FLOWING WELL RD DELAND FL 32720				

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

Date

Daytime Phone #

CR 15 014 (9/99)