

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90033 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000089017**

1. Entity Name  
**PEACE RIVER VALLEY MONUMENT CO.**

Principal Place of Business 163 N BREVARD AVE ARCADIA FL 34265	Mailing Address P O BOX 1499 ARCADIA FL 34265
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3603192</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBARTS, THOMAS M**  
**5448 WILKINSON ROAD**  
**SARASOTA FL 34233**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROBARTS, THOMAS M</b>	
STREET ADDRESS	<b>163 N BREVARD AVE</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLAN, RICHARD S</b>	
STREET ADDRESS	<b>163 N BREVARD AVE</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS M. ROBARTS</b>	
STREET ADDRESS	<b>163 N BREVARD AVE</b>	
CITY-ST-ZIP	<b>ARCADIA, FL 34266</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTTON, RICHARD S.</b>	
STREET ADDRESS	<b>163 N BREVARD AVE</b>	
CITY-ST-ZIP	<b>ARCADIA, FL 34266</b>	
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 powers.

SIGNATURE: Thomas M. Roberts **THOMAS M. ROBARTS** 1/9/2001 863/994-7646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Phone #

CR2E034 (10/00)