

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90023 006 ***150.00

DOCUMENT # P99000109689

1. Entity Name
3 RIVERS RAILROAD CO.

Principal Place of Business
201 N. MARION STREET STE 301
LAKE CITY FL 32055

Mailing Address
PO BOX 390
BRANFORD FL 32008-0390

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3633158

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

NORRIS, JOHN E
201 N. MARION STREET STE 301
LAKE CITY FL 32055

Name
SCHREIBER, BRIAN P.

Street Address (P.O. Box Number is Not Acceptable)

2 GUERDON RD

P.O. BOX 1829

City
LAKE CITY, FL 32055 FL 32055

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
LOVEIT, ROBERT L ☐ Delete
3608 VINEVILLE AVE.
MACON GA 31204

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT ☐ Change ☐ Addition
ANDERSON, JOE H. JR.
HWY 349 NORTH
OLD TOWN, FL 32680

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD ☐ Delete
COWART, DOUG
3608 VINEVILLE AVE.
MACON GA 31204

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VICE PRESIDENT ☐ Change ☐ Addition
BRIAN P. SCHREIBER
2 GUERDON RD.
LAKE CITY, FL 32055

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ☐ Delete
AYERBE, PAUL
3608 VINEVILLE AVE
MACON GA 31204

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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
BRIAN P. SCHREIBER

Date

Daytime Phone #

3/20/02 (386) 152-7585

CR2E034 (9/01)