

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22899

1. Entity Name

RIVERSIDE ELECTRIC OF VOLUSIA COUNTY, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90097 039 ***150.00

Principal Place of Business

Mailing Address

100 OLD MISSION RD
NEW SMYRNA BEACH FL 32168

PO BOX 1246
NEW SMYRNA BEACH FL 32170-1246
US

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

59-3115151

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

BURKE, KATHLEEN
920 S. RIVERSIDE DRIVE
EDGEWATER FL 32132

Name

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

101 Sapphire Rd.

City

New Smyrna Beach

FL

Zip Code

32169

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 D
STREET ADDRESS BURKE, KATHLEEN
CITY-ST-ZIP 920 S. RIVERSIDE DR.
EDGEWATER FL

TITLE ☒ Change ☐ Addition
NAME Kathleen Burke
STREET ADDRESS 101 Sapphire Rd.
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

904-423-9711

Daytime Phone #