

2001 UNIFORM BUSINESS REPORT (UBR)

0007287 AF

DOCUMENT # A00000001258

1. Entity Name

RIVER LENDERS, LTD.

FILED

01 APR 30 PM 12:43

Principal Place of Business

6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

Mailing Address

6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
65-1034056

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

~~HALPERIN, ELEANOR B ESQ.~~
~~1400 CENTREPARK BLVD., SUITE 1000~~
~~WEST PALM BEACH FL 33401~~

Name Cheryl Y. Perry
Street Address (P.O. Box Number is Not Acceptable)
6823 Vista Parkway North
City West Palm Beach FL Zip Code 33411

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

Cheryl Y. Perry

Cheryl Y. Perry

4/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME HEINE, CHRIS
STREET ADDRESS 6823 VISTA PARKWAY NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

STREET ADDRESS
CITY-ST-ZIP 700004217627-4
-05/15/01--01095--010
****141.25 ****141.25

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Cheryl Y. Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/01

561-684-7500 Ext 212

CR2E003 (11/00)