

2002 UNIFORM BUSINESS REPORT (UBR)

0014556 AT

DOCUMENT # **A01392**

1. Entity Name

NORTH RIVER MILE PROPERTIES, LTD.

FILED

02 FEB 25 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3436 MARINATOWN LANE
N. FT. MYERS FL 33903**

Mailing Address

**3436 MARINATOWN LANE
N. FT. MYERS FL 33903**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1386649

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATERWAY GROUP, INC. C/O TOM BERTI
3436 MARINATOWN LANE
N. FT. MYERS FL 33903**

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

Timothy A. Berti, Registered Agent

2-20-02

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

DATE

9. Capital Contributions
as Shown on record.

\$13,269.11

10. Amount of Capital Contributions
in FLORIDA to date.

\$13,269.11

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 #	K68343
NAME	WATERWAY GROUP, INC.
STREET ADDRESS	3436 MARINATOWN LANE
CITY-ST-ZIP	N. FT. MYERS FL
DOCUMENT #	G93078000027
NAME	TAYLOR MEMORIAL TRUST .
STREET ADDRESS	6700 WINKLER RD. #1
CITY-ST-ZIP	FT. MYERS FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/30/02 941-997-5695

CR2E003 (9/01)