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**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A02000001013**

1. Entity Name  
**FLAGVENTURE RIVERSIDE, LTD.**



**FILED**

**2003 JUL 23 AM 9:28**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE  
PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**DUE BY MAY 1, 2003**

4. FEI Number

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

**WEBER, BRYAN L  
5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE  
PONTE VEDRA BEACH, FL 32082**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions,  
as Shown on record. **5,750,000**

10. Amount of Capital Contributions  
in FLORIDA to date. **5,250,000**

**1. MAKE CHECK PAYABLE TO FL. 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 # **P02000080782**  
NAME **FLAGVENTURE RS, INC.**  
STREET ADDRESS **5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE**  
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

STREET ADDRESS

CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE

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**FLAGVENTURE RIVERSIDE, LTD.  
5000 SAWGRASS VILLAGE CIRCLE, SUITE ONE  
PONTE VEDRA BEACH, FLORIDA 32082**

**FILED**

**2003 JUL 23 AM 9:28**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: 2003 Uniform Business Report

Dear Madam or Sir:

Please consider our request to waive the \$400 late charge imposed for remitting the supplemental corporate fee after May 1. We did not receive the Uniform Business Report form.

**FLAGVENTURE RIVERSIDE, LTD.,  
a Florida limited partnership**

By: 

**Bryan L. Weber, President  
of General Partner**