

2001 UNIFORM BUSINESS REPORT (UBR)

0001386 AF

DOCUMENT # **A14914**

1. Entity Name

RIVERBEND, LTD.

FILED

01 APR 16 PM 12:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~405 DOUGLAS AVE.~~

~~405 DOUGLAS AVE.~~

~~SUITE 2605~~

~~SUITE 2605~~

~~ALTAMONTE SPRINGS FL 32714~~

~~ALTAMONTE SPRINGS FL 32714~~

2. Principal Place of Business

3. Mailing Address

210 CROWN POINT CIRCLE

210 CROWN POINT CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

City & State

LONGWOOD, FL

LONGWOOD, FL

Zip

Country

Zip

Country

32779

USA

32779

USA

4. FEI Number

59-3285877

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

HAYNES, DELTON L

405 DOUGLAS AVENUE

SUITE 2605

ALTAMONTE SPRINGS FL 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$800.00

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 # **A19011**
NAME **RIVERBEND APARTMENTS LTD**
STREET ADDRESS **405 DOUGLAS AVE., SUITE #2605**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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:

DELTON L. HAYNES 4/10/01 (407) 862-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)