

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19011**

1. Entity Name

RIVERBEND APARTMENTS, LTD.

Principal Place of Business

**405 DOUGLAS AVE.
SUITE 2605
ALTAMONTE FL 32714**

Mailing Address

**405 DOUGLAS AVE.
SUITE 2605
ALTAMONTE FL 32714**

2. Principal Place of Business

210 CROWN POINT CIRCLE

3. Mailing Address

210 CROWN POINT CIRCLE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32779

Country

USA

Zip

32779

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3278834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYNES, DELTON L
405 DOUGLAS AVE.
SUITE 2605
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

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.

\$271,000.00

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

STREET ADDRESS

CITY-ST-ZIP

**HAYNES, DELTON L
405 DOUGLAS AVE, SUITE 2605
ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS

CITY-ST-ZIP

PP \$526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**BERT, JOSEPH F
405 DOUGLAS AVE, SUITE 2605
ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS

CITY-ST-ZIP

000004314666--5

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**F31805
CERT. FINANCIAL SER. INC
405 DOUGLAS AVE, SUITE 2605
ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS

CITY-ST-ZIP

**05/24/01-01028-010
***526.25 ***526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BR

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BK

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED
01 JUN 29 PM 3 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

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

Date

Daytime Phone #

0001395 AF

CR2E003 (11/00)