

2002 UNIFORM BUSINESS REPORT (UBR)

0003013 AV

DOCUMENT # A19011

1. Entity Name
RIVERBEND APARTMENTS, LTD.

FILED

02 APR 26 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE, SUITE 910
WEST PALM BEACH FL 33401-4325**

Mailing Address
**C/O DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE, SUITE 910
WEST PALM BEACH FL 33401-4325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3278834**

Applied For
Not Applicable

Zip Country

Zip Country

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

**DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE, SUITE 910
WEST PALM BEACH FL 33401-4325**

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

9. Capital Contributions as Shown on record. **\$271,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$271,000.00**

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 # **P01000057655**
NAME **RIVERBEND GENERAL PARTNER, INC.**
STREET ADDRESS **515 NORTH FLAGLER DRIVE, SUITE 910**
CITY-ST-ZIP **WEST PALM BEACH FL 33401-4325**

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

Riverbend General Partner, Inc.

SIGNATURE: *[Signature]* **WRC HESE, Pres. 22-04-02** 905-882-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)