

2001 UNIFORM BUSINESS REPORT (UBR)

0000423 AF

DOCUMENT # **A20236**

1. Entity Name

RIVERSIDE PLAZA, LTD.

FILED

01 MAY -1 PM 6:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**111 RIVERSIDE AVENUE
JACKSONVILLE FL 32203**

Mailing Address

**111 RIVERSIDE AVENUE
JACKSONVILLE FL 32203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2547625

Applied For

Not Applicable

5. Certificate of Status Desired

A

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VANDERGRIFF, C. EDWARD
111 RIVERSIDE AVENUE
JACKSONVILLE FL 32203**

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

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

(NOT) Registered Agent signature required when reinstating

DATE

4-27-01

9. Capital Contributions
as Shown on record.

\$20.00

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

DOCUMENT # **A20208**
NAME **HASKELL REALTY DEVELOPERS II, LTD.**
STREET ADDRESS **111 RIVERSIDE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

DOCUMENT #
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

000004287560--9

CITY-ST-ZIP

-05/22/01--01086--001

******150.00 ****150.00**

STREET ADDRESS

BK

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

Christopher S. Park
President of
GP

4-27-01

Date

Daytime Phone #

904-791-4712

CR2E003 (11/00)