

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30426**

1. Entity Name

**RIVERWALK ENTERPRISES, LTD.**

Principal Place of Business

**7800 COOPER RD.  
CINCINNATI OH 45242**

Mailing Address

**7800 COOPER RD.  
CINCINNATI OH 45242**

APPROVED  
AND  
FILED

02 MAR 27 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**Grove at Lakeland Square**

Suite, Apt. #, etc.  
**3570 U.S. Hwy 98 N.**

City & State  
**Lakeland Florida**

Zip  
**33809**

3. Mailing Address

**Grove at Lakeland Square**

Suite, Apt. #, etc.  
**3570 U.S. Hwy 98 N.**

City & State  
**Lakeland Florida**

Zip  
**33809**

DUE BY MAY 1, 2002

4. FEI Number

**59-3026910**

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCGRATH, GREGORY-K  
4561 GULF OF MEXICO DR. #101  
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name  
**Barcap Realty Services Group, Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**Grove at Lakeland Square**  
**3570 U.S. Hwy 98 N.**  
City  
**Lakeland** FL Zip Code  
**33809**

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 **Mark L. Wilson, VP** **Mark L. Wilson, VP**

**3/15/02**  
DATE

9. Capital Contributions  
as Shown on record.

**\$340,000.00**

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

DOCUMENT # **L98000001652**  
NAME **BARON RIVERWALK, LLC**  
STREET ADDRESS **7826 COOPER RD.**  
CITY-ST-ZIP **CINCINNATI OH 45242**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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: **Mark L. Wilson, VP** **Mark L. Wilson, VP** **3/15/02** **513 936 3408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0016708  
AT

CR2E003 (9/01)