

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR -8 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013061 AT

DOCUMENT # A32302

1. Entity Name
RIVERGLEN, LTD.

Principal Place of Business: **611 WEST BAY STREET TAMPA FL 33606**
Mailing Address: **611 WEST BAY STREET TAMPA FL 33606**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-3098246** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
**CROSS, GLEN
611 WEST BAY STREET
TAMPA FL 33606**

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

9. Capital Contributions as Shown on record: **\$1,500,000.00**

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 | F64388 SHIMBERG CROSS COMPANY 611 WEST BAY STREET TAMPA FL 33606 | STREET ADDRESS | 888805108978-9 -03/14/02--01076--008 ****332.50 ****332.50 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | 888805108978-9 -03/14/02--01076--009 ****193.75 ****193.75 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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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: *[Signature]* **03/05/02 8146720608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE