

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0015934 AT

DOCUMENT # A93000000367

1. Entity Name

ABR RIVERMILL, LTD.

02 APR 15 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12315 LITTLE ROAD
HUDSON FL 34667

Mailing Address

4102 B QUIXOTE BLVD
TAMPA FL 33613



2. Principal Place of Business

3. Mailing Address

6630 Rowan Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

New Port Richey, FL

4. FEI Number

65-0425387

Applied For

Not Applicable

Zip

Country

Zip

Country

34653

Pasco

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

SALVATORI, LEO J

4501 NORTH TAMIAMI TRAIL, SUITE 300
NAPLES FL 33940

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.

DATE

9. Capital Contributions
as Shown on record.

\$643,200.00

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 REED, ROBERT M II
STREET ADDRESS 26750 US HWY. 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34621

STREET ADDRESS 6630 Rowan Road
CITY-ST-ZIP New Port Richey, FL 34653

DOCUMENT #
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)