

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # A96000001530**1. Entity Name  
**RIVIERA CLUB GENERAL, LTD.**

Principal Place of Business 1600 SOUTH OCEAN BLVD.  POMPAÑO BEACH FL 33062	Mailing Address 1600 SOUTH OCEAN BLVD.  POMPAÑO BEACH FL 33062
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2. Principal Place of Business ONE SOUTH OCEAN BLVD Suite, Apt. #, etc. SUITE 204	3. Mailing Address ONE SOUTH OCEAN BLVD Suite, Apt. #, etc. SUITE 204
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City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432	Zip 33432
Country	Country

4. FEI Number  
**65-0704255**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  EISINGER DENIS PHILLIPS, EISINGER, KOSS & ROSENFELDT 4000 HOLLYWOOD BLVD., SUITE 265 SOUTH HOLLYWOOD FL 33021 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 27,700.00	10. Amount of Capital Contributions in FLORIDA to date. 27,700.00	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #		STREET ADDRESS	
NAME	RIVIERA CLUB, INC.	CITY-ST-ZIP	
STREET ADDRESS	1600 SOUTH OCEAN BLVD.		
CITY-ST-ZIP	POMPAÑO BEACH FL 33062		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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: **J F Roy** Pres 04/24/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)