

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001940

1. Entity Name
RI WINDSOR, LTD.

Principal Place of Business
4305 VINELAND RD., G-15A
ORLANDO FL 32811

Mailing Address
4305 VINELAND RD., G-15A
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
4307 VINELAND RD. H-12

Suite, Apt. #, etc.
4307 VINELAND RD. H-12

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32811

Country


Zip
32811

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number 59-3405859

Applied For
Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE _____

9. Capital Contributions as Shown on record. \$7,500.00

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 #	P96000085000	STREET ADDRESS	4307 VINELAND RD, H-12
NAME	RI WINDSOR, INC.	CITY-ST-ZIP	ORLANDO, FL. 32811
STREET ADDRESS	5401 SOUTH KIRKMAN ROAD, SUITE 515	STREET ADDRESS	1775 BROADWAY - 23rd FL.
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	NY. NY 10019
DOCUMENT #	F97000000250	STREET ADDRESS	
NAME	MOUNTAIN VIEW NATIONAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	280 PARK AVE., EAST BLDG., 20TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
ROBBIE C. ROBERTS

Date 2/12/01 Daytime Phone # 212-949-5000

CR2E003 (11/00)