

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000498

1. Entity Name

RIVIERA DUNES, LTD.

FILED

01 FEB 16 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

36468 Emerald Coast Pkwy
Suite 1201
Destin, FL 32541

Mailing Address

36468 Emerald Coast Pkwy
Suite 1201
Destin, FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3435687

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

Curtis H. Gwin
36468 Emerald Coast Pkwy
Suite 1201
Destin, FL 32541

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

Curtis Gwin
Signature, typed or printed name of registered agent and title if applicable

Curtis Gwin
(NOTE: Registered Agent signature required when reinstating)

2-14-01
DATE

9. Capital Contributions
as Shown on record..

\$1,000.00

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 # P4700000498
NAME The Riviera Dunes Company
STREET ADDRESS 36468 Emerald Coast Pkwy
CITY-ST-ZIP Suite 1201
Destin, FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS

400003744784--0

CITY-ST-ZIP

-02/21/01--01023--022

****141.25 ****141.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

Curtis Gwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Curtis Gwin

2-14-01

850-837-0392

Date

Daytime Phone #

CR2E003 (11/00)