

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007053 AT

DOCUMENT # **A97000000498**

1. Entity Name

**RIVERA DUNES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -4 PM 12:11

W  
3/7

Principal Place of Business  
**36468 EMERALD COAST PARKWAY  
SUITE 1201  
DESTIN FL 32541**

Mailing Address  
**36468 EMERALD COAST PARKWAY  
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

**DUE BY MAY 1, 2002**

4. FEI Number **59-3435687** Applied For  
Not Applicable

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

**GWIN, CURTIS H  
36468 EMERALD COAST PARKWAY  
SUITE 1201  
DESTIN FL 32541**

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. **\$1,000.00** 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 # **P97000007438**  
NAME **THE RIVERA DUNES COMPANY**  
STREET ADDRESS **36468 EMERALD COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL 32541**

STREET ADDRESS  
CITY-ST-ZIP **300005073113--9  
-03/08/02--01053--023  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/28/02** **850-837-0392**  
Date Daytime Phone #

CR2E003 (9/01)