

2001 UNIFORM BUSINESS REPORT (UBR)

0006267 AF

DOCUMENT # **A99000001753**

1. Entity Name

RIVERLAND BROWARD, LTD.

FILED

01 MAY -1 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O CONCORDE RIVERLAND, INC.
3471 NORTH FEDERAL HIGHWAY, SUITE 302
FT. LAUDERDALE FL 33306

Mailing Address

C/O CONCORDE RIVERLAND, INC.
3471 NORTH FEDERAL HIGHWAY, SUITE 302
FT. LAUDERDALE FL 33306

2. Principal Place of Business

Riverland Broward Ltd
Suite, Apt. #, etc.
3816 W. Linebaugh Ave 105

3. Mailing Address

Riverland Broward Ltd
Suite, Apt. #, etc.
PO Box 251347

City & State

Tampa FL

Zip

33624

Country

USA

City & State

Tampa FL

Zip

33688-1347

Country

USA

4. FEI Number

56-0958401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, THOMAS J
3471 NORTH FEDERAL HIGHWAY, SUITE 302
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3816 W. Linebaugh Ave Suite 105

City

Tampa

FL

Zip Code

33624

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.

\$220,000.00

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 # **P99000093767**
NAME **CONCORDE RIVERLAND, INC.**
STREET ADDRESS **3471 NORTH FEDERAL HIGHWAY, SUITE 302**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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******578.75 ****528.25**

CR2E003 (11/00)

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

Thomas J Murphy

Date

4-27-01

Daytime Phone #

813 960 9304