

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90014 034 ***150.00

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DOCUMENT # H04140

1. Entity Name
RIVERSIDE CAPITAL ADVISERS, INC.

Principal Place of Business
 1650 SE 17TH ST CSWY
 204
 FT. LAUDERDALE FL 33316
 US

Mailing Address
 1650 SE 17TH ST CSWY
 204
 FT. LAUDERDALE FL 33316
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 912 E. Broward Blvd.

3. Mailing Address
 912 E. Broward Blvd.

Suite, Apt. #, etc.
 Suite C

Suite, Apt. #, etc.
 Suite C

City & State
 Ft. Lauderdale, FL

City & State
 Ft. Lauderdale, FL

4. FEI Number
 59-2417036

Applied For
 Not Applicable

Zip
 33301

Country

Zip
 33301

Country

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

RYAN, THOMAS J., III

1650 SE 17TH ST CAUSEWAY 912 E. Broward Blvd., Suite C
 STE 204 Ft. Lauderdale, FL 33301
 FT. LAUDERDALE FL 33316

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME RYAN, THOMAS J., III
 STREET ADDRESS 1650 SE 17TH ST CAUSEWAY 204
 CITY-ST-ZIP FT. LAUDERDALE FL

912 E. Broward Blvd., Suite C
 Ft. Lauderdale, FL 33301

TITLE
 NAME
 STREET ADDRESS
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Ryan, Pres 954 761-8595 4/18/02

Date Daytime Phone #

CR2034 (9/01)