## **2001 UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business  Mailing Address  2825 BUSINESS CENTER BLVD  STE ALR  MELBOURNE FL 32301  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Fee Required	DOCUMENT # L0000001264  RIVER GROVE ON THE TRAIL, L.C.					APPROVED AND FILED 01 APR 16 PM 3: 28			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	2825 BUSINE STE A1-R	ESS CENTER BLVD	2825 BUSINESS CENTER I STE A1-R	BLVD		SEÒR PALLEÀ	ETARY OF HASSEE, F	STATE: LORIDA	
City & State  Country  S. Certificate of Status Desired  \$5.00 Addition Fee Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acce	2. Principal F	Place of Business	3. Mailing Address	Mailing Address					
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additions Fee Required Agent 7. Name and Address of New Registered Agent Name  SIMMS, DONALD  2825 BUSINESS CENTER BLVD.  STE A1-R  MELBOURNE FL 32940  6. 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 private name of registered agent and title 1 applicable.  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MGRM  MME  BON AADDITIONS/CHANGES  TITLE  MGRM  LEVISON, KATHIE A  SIREET ADDRESS  OITY-ST-2IP  MILE  MGRM  MILE  MGRM  GEFORD, WARREN C III  1946 BEVERLY ROAD  CITY-ST-2IP  MILE  MGRM  MILE  MGRM  GEFORD, WARREN C III  1946 BEVERLY ROAD  COLUMBUS OH 49221  MGRM  MULLINS, ELIZABETH  P.O. BOX 7184  RANCHO SANTA FE CA 92067  Delete  MILE  MME  SIREET ADDRESS  CITY-ST-2IP  MAME  SIREET ADDRESS	Suite, Apt.	i. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Zip Country Zip Country S. Certificate of Status Desired   \$5.00 Addition Fee Required   \$5.00 A	City & Stat	ite	City & State		4. FEIT	Number	<del></del>	· ,	
SIMMS, DONALD  SIMMS, DONALD  2825 BUSINESS CENTER BLVD.  STE A1-R  MELBOURNE FL 32940  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MANAGING MEMBERS/MEMBERS  MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  CITY-ST-2P  KETCHUM ID 83340  MARR  MILE MGRM  GIFFORD, WARREN C III  SIREET ADDRESS  CITY-ST-2P  WILL MGRM  GIFFORD, WARREN C III  1946 BEVERLY ROAD  COLUMBUS OH 43221  MGRM  MGRM  MME  MILE MGRM  MILL MGRM  MGRM  MILL MGRM  MGRM  MILL MGRM	Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	\$5.00 Ad	ditional	
SIMMS, DONALD 2825 BUSINESS CENTER BLVD. STE A1-R MELBOURNE FL 32940  6. 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    FILE NOW!!! FEE IS \$50.00     Make Check Payable to Department of State		6. Name and Address of Current Re	gistered Agent		7Nam	e and Address of New Registe			
2825 BUSINESS CENTER BLVD. STE A1-R MELBOURNE FL 32940  6. 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    City   FL   Zip Code				Name					
MELBOURNE FL 32940  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, hyped or printed name of registered agent and title if applicable.   (NOTE, Registered Agent signature required when rehabiling)   DATE    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State   ***********************************	•			Street Ad	dress (P.O. Box N	lumber is Not Acceptable)			
B. 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    Suprature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent algnature required when reindalaing)    PILE NOW!!! FEE IS \$50.00									
SIGNATURE    Signature. hyped or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE	MELBOUI	RNE FL 32940	Not Applicable   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional   Fee Required   Status Desired   \$5.00 Additional   Fee Required   Street Registered Agent   Name   Street Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)   City   FL   Zip Code						
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	3. The above	a named entity submits this statement for th	e purpose of changing its re	egistered office or r	egistered agent,	or both, in the State of Florida.	<u>, ,                                    </u>		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  #**#***50.00  #******50.00  #******50.00  #******50.00  #******50.00  #******50.00  #******50.00  #******50.00  #******50.00  #*******50.00  #******50.00  #******50.00  #*******50.00  #*******50.00  #*******50.00  #*******50.00  #*******50.00  #********50.00  #********50.00  #********50.00  #*********50.00  #**********50.00  #***********50.00  #*********************************	SIGNATURE .	Signature, typed or printed name of registered agent and I	title if applicable. (NOTE: F	Registered Agent signature	e required when reinstati	ng) D	ATE		
MGRM LEVISON, KATHIE A BOX 6462 KETCHUM ID 83340  ITTLE MAME STREET ADDRESS CITY-ST-ZIP  MGRM GIFFORD, WARREN C III 1946 BEVERLY ROAD COLUMBUS OH 43221  ITTLE MAME STREET ADDRESS CITY-ST-ZIP  MGRM MULLINS, ELIZABETH P.O. BOX 7184 RANCHO SANTA FE CA 92067  ITTLE MAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREE	,			-		30000400 -04/24/01 *****\$0.			
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MAME STREET ADDRESS DITY-ST-ZIP COLUMBUS OH 43221  ITLE MARE STREET ADDRESS DITY-ST-ZIP MORM MULLINS, ELIZABETH P.O. BOX 7184 RANCHO SANTA FE CA 92067  ITLE MAME STREET ADDRESS DITY-ST-ZIP Delete TITLE MAME STREET ADDRESS DITY-ST-ZIP TITLE MAME STREET ADDRESS	AME TREET AODRESS	LEVISON, KATHIE A BOX 6462		NAME STREET ADDRESS			☐ Change	☐ Addition	
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