

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90121 011 ****50.00

DOCUMENT # L00000001264

1. Entity Name

RIVER GROVE ON THE TRAIL, L.C.

Principal Place of Business

**2825 BUSINESS CENTER BLVD
 STE A1-R
 MELBOURNE FL 32901**

Mailing Address

**2825 BUSINESS CENTER BLVD
 STE A1-R
 MELBOURNE FL 32901**

2. Principal Place of Business

Suite, Apt. #, etc.

STE C-1

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

STE C-1

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SIMMS, DONALD
 2825 BUSINESS CENTER BLVD.
 STE A1-R
 MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

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

STE C-1

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 LEVISON, KATHIE A
 BOX 6462
 KETCHUM ID 83340**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 GIFFORD, WARREN C III
 1054 CHEROKEE RD.
 WILMETTE IL 60091**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MULLINS, ELIZABETH
 P.O. BOX 7184
 RANCHO SANTA FE CA 92067**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/27/02

Date

Daytime Phone #

CR2E083 (9/01)