

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90054 027 *****50.00

DOCUMENT # L00000005053

1. Entity Name

RIVERHILLS ASSOCIATES, L.L.C.

Principal Place of Business

**18530 PEBBLE LAKE COURT
TAMPA FL 33647**

Mailing Address

**18530 PEBBLE LAKE COURT
TAMPA FL 33647**

909274

2. Principal Place of Business

324 Plant Ave
Suite, Apt. #, etc.

3. Mailing Address

324 Plant Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL
Zip **33606** Country

City & State

Tampa FL
Zip **33606** Country

4. FEI Number

59-3652628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANT, JAMES E
18530 PEBBLE LAKE COURT
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name **Brant, James E**
Street Address (P.O. Box Number is Not Acceptable)
324 Plant Ave
City **TAMPA** FL Zip Code **33606**

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

1/14/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE **PART** ☐ Delete
NAME **BRANT, JAMES E**
STREET ADDRESS **18530 PEBBLE LAKE CT.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **PART** ☐ Delete
NAME **BOSSO, THOMAS**
STREET ADDRESS **18530 PEBBLE LAKE CT.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **PART** ☐ Delete
NAME **BRANT, WILLIAM**
STREET ADDRESS **18530 PEBBLE LAKE CT.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

Date

Daytime Phone #

1/14/02 8132584483

CR2E083 (9/01)