

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012711

1. Entity Name
RIVERSIDE MORTGAGE COMPANY, LLC

FILED

01 JUN 28 AM 8:47

Principal Place of Business
104 HALL ST.
LABELLE FL 33975

Mailing Address
PO BOX 1525
LABELLE FL 33975

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

104 Hall Street
Suite, Apt. #, etc.

P.O. Box 1525
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Labelle, FL

City & State
Labelle, FL

4. FEI Number 65-1056742

Applied For
Not Applicable

Zip
33975

Country
USA

Zip
33975

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, LISA H
104 HALL ST.
LABELLE FL 33975

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004476735--3
-07/16/01--01023--015
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
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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

Date

Daytime Phone #

Lisa Cox - Managing Partner 6/25/01 863-675-8833

CR2E083 (11/00)

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