2001 UNIFORM BUSINESS REPORT (UBR)

00202251 AF

DOCUMENT # L00000012711

1. Entity Name
RIVERSIDE MORTGAGE COMPANY, LLC

FILED
01 JUN 28 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
104 HALL ST.
LABELLE FL 33975

Mailing Address
PO BOX 1525
LABELLE FL 33975

2. Principal Place of Business: 104 Hall Street
Suite, Apt. #, etc.
City & State: LaBelle, Fl.
Zip: 33975 Country: USA

3. Mailing Address: P.O. Box 1525
Suite, Apt. #, etc.
City & State: LaBelle, Fl.
Zip: 33935 Country: USA

4. FEI Number: 65-1056742 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COX, LISA H
104 HALL ST.
LABELLE FL 33975

7. Name and Address of New Registered Agent

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: Lisa Cox - Managing Partner 6/25/01
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

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

CR2E083 (11/00)

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner Lisa Cox 104 Hall Street LaBelle, Fl. 33935 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 RECEIVED Lisa Cox - Managing Partner 6/25/01 863-675-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #