

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90129 028 \*\*\*\*50.00

**DOCUMENT # L00000014204**

1. Entity Name

**RIVERWALK OF SARASOTA, L.L.C.**

Principal Place of Business

**1800 SECOND ST., SUITE 965  
 SARASOTA FL 34236**

Mailing Address

**1800 SECOND ST., SUITE 965  
 SARASOTA FL 34236**

**954323**

2. Principal Place of Business

**1800 Second St.**

3. Mailing Address

**1800 Second St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#965**

**#965**

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

Zip

**34236**

Country

**USA**

Zip

**34236**

Country

**USA**

4. FEI Number

**42-1530538**

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPECTOR, RONALD L  
 1800 SECOND ST., SUITE 965  
 SARASOTA FL 34236**

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

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 **MGR** ☐ Delete  
 NAME **SPECTOR, RONALD L**  
 STREET ADDRESS **1800 SECOND ST., SUITE 965**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E083 (9/01)

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]*

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

**February 28, 02 941-**

Date

Daytime Phone #

**345**