# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000014992

1. Entity Name

**TWIN CACTUS OF RIVERTOWN CROSSINGS MALL, LLC**

**FILED**

01 SEP -4 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3421 N. LAKEVIEW DRIVE<br>TAMPA FL 33618 | 3421 N. LAKEVIEW DRIVE<br>TAMPA FL 33618 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | | |
|---|---|---|---|
| 3700 - Rivertown PARKway | 1041, CLYde Ave No 8 | | |
| Suite, Apt. #, etc.<br>#2-1-54 | Suite, Apt. #, etc.<br>Cuyahoga Falls | | |
| City & State<br>GRANDVILLE Michigan | City & State<br>OHIO | 4. FEI Number<br>59-3683874 | Applied For / Not Applicable |
| Zip 49418 | Country | Zip 44221 | Country | 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 |
|---|---|
| SABAS, BOBBY C<br>3421 N. LAKEVIEW DRIVE<br>TAMPA FL 33618 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 September 26, 2001

000004602030==1
-09/20/01--01028--020
*****50.00     *****50.00

| 9. | MANAGING MEMBERS/MANAGERS | | 10. | | ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|---|---|
| TITLE | MANAGER | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | HEDY ASSNANI | | NAME | | | | |
| STREET ADDRESS | 1041 CLYDE AVE APT 8 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | CUYAHOGA FALLS, OH 44221 | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |

CR2E083 (5/01)

STAPLE CHECK HERE

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE       Date       Daytime Phone #