

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003819

1. Entity Name

RIVER COVE LANDING, LC

Principal Place of Business

235 SOUTH MAITLAND AVENUE, SUITE 216
MAITLAND FL 32751

Mailing Address

235 SOUTH MAITLAND AVENUE, SUITE 216
MAITLAND FL 32751

2. Principal Place of Business

9505 Ingeborg Court

3. Mailing Address

9505 Ingeborg Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere fFlorida

City & State

Windermere Florida

Zip

34786

Country

oOrange

Zip

34786

Country

Orange

4. FEI Number

☒ Applied For
☐ Not Applicable

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

WALKER, BERRY J JR ESQ.
WALKER AND ASSOCIATES, ATTORNEYS, P.A.
235 SOUTH MAITLAND AVENUE, SUITE 216
MAITLAND FL 32751

Name
~~Clark A. Stillwell, Esquire~~

Street Address (P.O. Box Number is Not Acceptable)
320 U.S. Highway 41 South

Brannen, Stillwell & Perrin, P.A.

City
Inverness

FL

Zip Code
34450

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

Clark A. Stillwell, Esq.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-18-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	VAN DER MEIJ, HENRICUS	
STREET ADDRESS	LANGE HIL 78/4822 AA BREDA	
CITY-ST-ZIP	THE NETHERLANDS	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LIEUW, JOLANDE	
STREET ADDRESS	CASELLASTAAT 1 B / 5654 SH EINDHOVEN	
CITY-ST-ZIP	THE NETHERLANDS	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	AKKERMAN, RUUD	
STREET ADDRESS	WILLEM DE ZWYGERLAAN 19/2082BA/SANTPOORT Z	
CITY-ST-ZIP	NETHERLANDS	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #

R. Akkerman 03-18-2002

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90610 040 ****55.00

B0054910



DO NOT WRITE IN THIS SPACE

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