

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90027 046 \*\*\*\*55.00

**DOCUMENT # L01000004757**

1. Entity Name  
**RIVERS BELL BUILDING, LLC**



Principal Place of Business  
**1520 KILLEARN CENTER BLVD  
STE 200  
TALLAHASSEE FL 32309**

Mailing Address  
**1520 KILLEARN CENTER BLVD  
STE 200  
TALLAHASSEE FL 32309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3718130**

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

**RIVERS, REBEKAH  
414 SUMMERBROOKE DR  
TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIVERS, REBEKAH</b> <b>414 SUMMERBROOKE DR</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BELL, KATHRYN G</b> <b>135 THISTLEWOOD CT</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>RIVERS, GENE</b> <b>414 SUMMERBROOKE DR</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BELL, JOHN T</b> <b>135 THISTLEWOOD CT</b> <b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

**503 McDaniel St.**  
**Tallahassee, FL 32303**

**503 McDaniel St.**  
**Tallahassee, FL 32303**

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:** *Kathryn G. Bell* **4/14/03 850-222-8193**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)