

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90149 011 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LQ1000007429**

1. Entity Name

**RIVERSIDE BUFFET HOUSE, LLC**

Principal Place of Business

**5297 SOUTH CHEROKEE WAY  
HOMOSASSA FL 34448**

Mailing Address

**5297 SOUTH CHEROKEE WAY  
HOMOSASSA FL 34448**

86141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3728904**

Applied For

Not Applicable

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

**OAKES, GAIL G**  
**5297 SOUTH CHEROKEE WAY**  
**HOMOSASSA FL 34448**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGR COLLER, DONALD M P.O. BOX 744 BLOOMINGTON IN</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>MGR OAKES, GAIL G 11130 E. HALLS RIVER RD. HOMOSASSA FL 34448</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>MGR HOOKER, RONALD L 3879 DELLWOOD RD. WAYNESVILLE NC 28786</b>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 606, Florida Statutes.

SIGNATURE: *[Signature]*

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

Date

Daytime Phone #

CR2E083 (9/01)