

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90266 002 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000009665

1. Entity Name

RIVER PLACE AT SUMMER BEACH, LLC

Principal Place of Business

**5456 FIRST COAST HIGHWAY
 AMELIA ISLAND FL 32034**

Mailing Address

**5456 FIRST COAST HIGHWAY
 AMELIA ISLAND FL 32034**

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

59-3728346

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

**SANDS, JAMES U
 5456 FIRST COAST HIGHWAY
 AMELIA ISLAND FL 32034**

Name

Street Address (P.O. Box Number is Not Acceptable)

STATE OF FLORIDA

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
**MGR
 SUMMER BEACH DEVELOPMENT GROUP, LTD.
 5456 FIRST COAST HIGHWAY
 AMELIA ISLAND FL 32034**

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

James U. Sands

4/29/02

(904) 261-0624

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

Date

Daytime Phone #

CR2E083 (9/01)