

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000581

1. Entity Name

RIVERSIDE TITLE OF MANATEE, L.C.

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90245 003 \*\*\*\*50.00

905398



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~1001 3RD AVENUE WEST~~  
SUITE 600  
BRADENTON FL 34205

Mailing Address

1001 3RD AVENUE WEST  
SUITE 600  
BRADENTON FL 34205

2. Principal Place of Business

1400 Manatee Ave W  
Suite, Apt. #, etc.  
1200

3. Mailing Address

1400 Manatee Ave W  
Suite, Apt. #, etc.  
1200

City & State

Bradenton FL

City & State

Bradenton, FL

4. FEI Number

65-0627239

Applied For

Not Applicable

Zip

34205

Country

Zip

34205

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATT, JR., CHARLES J  
1001 3RD AVENUE WEST  
SUITE 600  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

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

1401 Manatee Ave W

Suite 1200

City

Bradenton

FL

Zip Code

34205

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]*

Charles J. Pratt Jr

1-11-02

Signature, word 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

TITLE MGR  
NAME PRATT, CHARLES J JR.  
STREET ADDRESS 1001 3RD AVENUE WEST, SUITE 600  
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

1-11-02

941 748 7076

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

Date

Daytime Phone #

CR2E083 (9/01)