

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000023

1. Entity Name

RIVER ROAD TRANSPORTATION LIMITED LIABILITY COMP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:42



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1229 E STRAWBRIDGE AVENUE
MELBOURNE FL 32901

Mailing Address

504 4TH AVE
MELBOURNE BEACH FL 32951-2545

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

59-3391966

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

JONES, RICHARD O
1250 W. EAU GALLIE BLVD.
SUITE J
MELBOURNE FL 32935

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MEM VITALE-LEWIS, VICTORIA A
STREET ADDRESS 2018 S RIVER ROAD
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE NAME ☒ Change ☐ Addition
504 4th AVE
STREET ADDRESS Melbourne Beach FL 32951
CITY-ST-ZIP

TITLE NAME ☐ Delete
MEM LEWIS, ROBERT A
STREET ADDRESS 2018 S RIVER ROAD
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE NAME ☒ Change ☐ Addition
504 4th Ave.
STREET ADDRESS Melbourne Beach FL 32951
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM RIVIERA CONSULTING, INC.
STREET ADDRESS 1229 E. STRAWBRIDGE
CITY-ST-ZIP MELBOURNE FL

TITLE NAME ☐ Change ☐ Addition
rf 3/20/00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
200003178302--8
-03/21/00--01038--023

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/25/2000

Date

984-0780

Daytime Phone #

CR2E083 (9/99)