

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L96000000769**

1. Entity Name

RIVERLAND AND INDIAN SUN L.C.

Principal Place of Business

**206 N. 6TH AVENUE
WAUCHULA FL 33873**

Mailing Address

**P.O. BOX 2325
WAUCHULA FL 33873**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEE, JAMES V JR.
206 N. 6TH AVENUE
WAUCHULA FL 33873**

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	MGRM	<input type="checkbox"/> Delete
NAME	ROBBINS, PETER G	
STREET ADDRESS	180 POST ROAD EAST, SUITE 211	
CITY-ST-ZIP	WESTPORT CT 06880	

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCKANE, DAVID B	
STREET ADDRESS	180 POST ROAD EAST, SUITE 211	
CITY-ST-ZIP	WESTPORT CT 06880	

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

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/3/02 (863) 773-9725**FILED
Apr 22, 2002 8:00 am
Secretary of State**

04-22-2002 90159 026 ****50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0689573** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

CR2E083 (9/01)