

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0, X 097 AF

DOCUMENT # L98000001557

1. Entity Name

RIVIERA HOLDINGS, L.C.

Principal Place of Business

13575 58TH ST. N., SUMMIT CENTER, STE 144
CLEARWATER FL 33760

Mailing Address

13575 58TH ST. N., SUMMIT CENTER, STE 144
CLEARWATER FL 33760-3746

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

59-3528933

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMES, CALEB J ESQ.
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

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 MGR
NAME BRADFORD, DENNIS D
STREET ADDRESS 13575 58TH ST. N., SUMMIT CENTER, STE 144
CITY-ST-ZIP CLEARWATER FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300002249543
-05/11/00-01127-007
*****50.00 *****50.00

TITLE MGR
NAME LUBECK, JOSEPH G
STREET ADDRESS 13575 58TH ST. N., SUMMIT CENTER, STE 144
CITY-ST-ZIP CLEARWATER FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME REPKA, DAVID D
STREET ADDRESS 13575 58TH ST. N., SUMMIT CENTER, STE 144
CITY-ST-ZIP CLEARWATER FL 33760

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Dennis D. Bradford, MGR. 4/25/2000 (727) 538-7706

CR2E083 (9/99)