

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003158**

1. Entity Name
RIVERSIDE OFFICE INVESTORS, LLC

Principal Place of Business Mailing Address
601 RIVERSIDE AVENUE, BLDG. II, SUITE 650 **601 RIVERSIDE AVENUE, BLDG. II, SUITE 650**
JACKSONVILLE FL 32204 **JACKSONVILLE FL 32204-2946**

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

SHAW, R. LAMAR JR.
601 RIVERSIDE AVENUE, BLDG. II, SUITE 650
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3550067** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGR
SKYLINE REALTY SERVICES, INC.
STREET ADDRESS **601 RIVERSIDE AVENUE, BLDG. II, SUITE 650**
CITY- ST- ZIP **JACKSONVILLE FL 32204**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
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CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
500003236985--?
STREET ADDRESS **-05/03/00--01070--008**
CITY- ST- ZIP *******50.00 *****50.00**

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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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: **R. Lamar Shaw, Jr. President**

01/21/00 904-358-0900

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

Date

Daytime Phone #

Skyline Realty Services, Inc., Manager

CR2E083 (9/99)