

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000003242

1. Entity Name

RIVERVIEW CENTER ASSOCIATES, L.L.C.

00 APR 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1111 THIRD AVENUE WEST, SUITE 300
BRADENTON FL 34205

Mailing Address

1111 THIRD AVENUE WEST, SUITE 300
BRADENTON FL 34205-7813



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

65-0932950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MM

6. Name and Address of Current Registered Agent

DETRICH, DAVID K

1111 THIRD AVENUE WEST, SUITE 300
BRADENTON FL 34205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.16.00

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DETRICH, DAVID K	
STREET ADDRESS	1111 THIRD AVENUE WEST, SUITE 300	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ST. PAUL, ALEXANDRA	
STREET ADDRESS	1111 THIRD AVENUE WEST, SUITE 300	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PRATHER, ALAN	
STREET ADDRESS	1111 THIRD AVENUE WEST, SUITE 300	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PETRUFF, PATRICIA	
STREET ADDRESS	1111 THIRD AVENUE WEST, SUITE 300	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DYE, STEPHEN R	
STREET ADDRESS	1111 THIRD AVENUE WEST, SUITE 300	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003224054
STREET ADDRESS	-04/26/00--01007--007
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-11-00