

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90006 001 ****50.00

DOCUMENT # L99000003242

1. Entity Name

RIVERVIEW CENTER ASSOCIATES, L.L.C.

Principal Place of Business

**1111 THIRD AVENUE WEST, SUITE 300
BRADENTON FL 34205**

Mailing Address

**1111 THIRD AVENUE WEST, SUITE 300
BRADENTON FL 34205**

B0053450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Site, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0932950

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DEITRICH, DAVID K
1111 THIRD AVENUE WEST, SUITE 300
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

1-17-02

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Patricia A. Petruff **2/26/02** **941 748 4411**

CR2E083 (9/01)