

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005674

1. Entity Name  
RIVERSIDE ACQUISITIONS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:35

*Handwritten:* 7/3/2000

Principal Place of Business  
C/O SUPERIOR FINANCIAL SERVICES, INC.  
2701 W. BUSCH BLVD., SUITE 126  
TAMPA FL 33618-4531

Mailing Address  
C/O SUPERIOR FINANCIAL SERVICES, INC.  
2701 W. BUSCH BLVD., SUITE 126  
TAMPA FL 33618-4531



DO NOT WRITE IN THIS SPACE

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 <b>59-3599378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
HARKEY, K. MICHAEL  
2701 W. BUSCH BLVD., SUITE 126  
TAMPA FL 33618-4531

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	MGR GULFSTREAM FINANCIAL SERVICES, INC. 22481 PLEASANT PARK ROAD CONIFER CO 80433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUPERIOR FINANCIAL SERVICES, INC. 2701 W. BUSCH BLVD., SUITE 126 TAMPA FL 33618-4531 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**-03/29/00--01072--013**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: *G.F. SIGNATURE REQUIRED Press.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #