

2001 UNIFORM BUSINESS REPORT (UBR)

UN 430

DOCUMENT # L99000008874

1. Entity Name
RIVERCODE, LLC

FILED

01 JAN 16 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
378 WHOOPING LOOP. STE. 1252
ALTAMONTE SPRINGS FL 32701

Mailing Address
378 WHOOPING LOOP. STE. 1252
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business
378 CenterPointe Circle
Suite, Apt. #, etc.
1252

3. Mailing Address
378 CenterPointe Circle
Suite, Apt. #, etc.
1252

4. FEI Number 59-3615580
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CHASTANG, LARRY
CHASTANG, FERRELL, SIMS & EISERMAN, LLC
1400 W. FAIRBANKS AVE. STE. 102
WINTER PARK FL 32789-7171

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

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	MGRM BARTLETT, CHRIS 1400 W FAIRBANKS AVENUE SUITE 102 WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTLETT, CHRIS 378 CenterPointe Circle Suite 1252 Altamonte Springs, FL 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C. Bartlett SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date 1/10/01 Daytime Phone # 407-265-9696

CR2E083 (11/00)