

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90278 014 ****50.00

DOCUMENT # M00000002333

1. Entity Name

RIVERBEND MOTORCOACH RESORT LLC

Principal Place of Business

**527 MARQUETTE AVENUE SOUTH
 SUITE #2340
 MINNEAPOLIS MN 55402**

Mailing Address

**527 MARQUETTE AVENUE SOUTH
 SUITE #2340
 MINNEAPOLIS MN 55402**

906587

2. Principal Place of Business

333 Washington Ave N.

Suite, Apt. #, etc.

200

City & State

Minneapolis, MN 55401

Zip

55401

Country

USA

3. Mailing Address

333 Washington Ave N.

Suite, Apt. #, etc.

200

City & State

Minneapolis

Zip

55401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, JR., GEORGE N MG. MEM
 C/O LANDMARK MGT. CO. 4933 TAMiami TRAIL N
 SUITE 200
 NAPLES FL 34103**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
 NAME **NELSON, JR., GEORGE N MG**
 STREET ADDRESS **527 MARQUETTE AVENUE SOUTH, SUITE 2340**
 CITY-ST-ZIP **MINNEAPOLIS MN 55402**

☒ Delete

TITLE **MANAGING MEMBER**
 NAME **NELSON JR, GEORGE N**
 STREET ADDRESS **333 Washington Ave N.**
 CITY-ST-ZIP **Minneapolis, MN 55401**

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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP

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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:

George N. Nelson, Jr. Managing Member 1.9.02

612-202-0690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)