

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90058 030 ***158.75

DOCUMENT # P01000057655

1. Entity Name
RIVERBEND GENERAL PARTNER, INC.

Principal Place of Business
C/O DARYL CRAMER & ASSOC. P.A.
515 NORTH FLAGLER DRIVE #910
WEST PALM BEACH FL 33401

Mailing Address
C/O DARYL CRAMER & ASSOC. P.A.
515 NORTH FLAGLER DRIVE #910
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3725250

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE
SUITE 910
WEST PALM BEACH FL 33401

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCCHESI, FABRIZIO	
STREET ADDRESS	105 WEST BEAVER CREEK #9 & 10	
CITY-ST-ZIP	RICHMOND HILL ONTARIO CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, WILLIAM P	
STREET ADDRESS	105 WEST BEAVER CREEK #9 & 10	
CITY-ST-ZIP	RICHMOND HILL ONTARIO CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P,T,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucchese, Fabrizio	
STREET ADDRESS	105 West Beaver Creek, Units 9 & 10	
CITY-ST-ZIP	Richmond Hill, Ontario Canada L4B 1C6	
TITLE	V,S,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myers, William P.	
STREET ADDRESS	105 West Beaver Creek, Units 9 & 10	
CITY-ST-ZIP	Richmond Hill, Ontario Canada L4B 1C6	
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		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** **P. LUCCHESI** **04-22-02** **905-882-1212**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)