

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90154 050 ***158.75

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DOCUMENT # P97000006070

1. Entity Name

RIVERLAKE GENERAL PARTNER, INC.



Principal Place of Business

DARYL CRAMER AND ASSOC., P.A.
3801 PGA BLVD SUITE 508
PALM BEACH GARDENS FL 33410-2758
US

Mailing Address

DARYL CRAMER AND ASSOC., P.A.
3801 PGA BLVD SUITE 508
PALM BEACH GARDENS FL 33410-2758
US

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

65-0729843

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
515 N. FLAGLER DR.
STE. 910
WEST PALM BEACH FL 33401-4325

7. Name and Address of New Registered Agent

Name Daryl Cramer & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA Boulevard

Suite 508

City

Palm Beach Gardens

FL

Zip Code

33410

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME MYERS, WILLIAM P
STREET ADDRESS 105 WEST BEAVER CREEK, UNITS 9 & 10
CITY-ST-ZIP RICHMOND HILL, ONTARIO CA L4B- 1C6

☐ Delete

TITLE VSD
NAME LUCCHESI, FABRIZIO
STREET ADDRESS 105 WEST BEAVER CREEK, UNITS 9 & 10
CITY-ST-ZIP RICHMOND HILL, ONTARIO CA L4B- 1C6

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fabrizio Lucchese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabrizio Lucchese

4-08-03

Date

Daytime Phone #

905-882-1212

CR2E034 (10/02)