

2001 UNIFORM BUSINESS REPORT (UBR)

000 596 AF

DOCUMENT # **L00000000719**

1. Entity Name
PICERNE HOLLY RIDGE, LLC

FILED

01 MAR -8 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714
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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 59-3672298	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

COSTOLO, W. TERRY ESQ.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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) **600003819256** DATE **03/08/01**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

-03/08/01--01096--004
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manager/Member Robert M. Picerne
STREET ADDRESS	247 N. Westmonte Dr. Altamonte Springs, FL 32714
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Member David R. Picerne
STREET ADDRESS	1420 E. Missouri Ave., Ste. 100 Phoenix, AZ 02886
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Member John G. Picerne
STREET ADDRESS	75 Lambert Lind Hwy. Warwick, RI 02886
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Member Raymond M. Urtescu
STREET ADDRESS	75 Lambert Lind Hwy. Warwick, RI 02886
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Member Jeanne M. Picerne
STREET ADDRESS	1420 E. Missouri Ave., Ste. 100 Phoenix, AZ 02886
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Member Picerne Investment Corporation
STREET ADDRESS	75 Lambert Lind Hwy. Warwick, RI 02886
CITY-ST-ZIP	

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: **Robert M. Picerne** Manager **01/16/01** 407/772-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)