

2002 UNIFORM BUSINESS REPORT (UBR)

0001981

DOCUMENT # L00000000719

1. Entity Name
PICERNE HOLLY RIDGE, LLC

FILED

02 APR 29 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
247 NORTH WESTMONTE DRIVE **247 NORTH WESTMONTE DRIVE**
ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714**



DO NOT WRITE IN THIS SPACE

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 Applied For
59-3672298 Not Applicable
5. Certificate of Status Desired \$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 **Costolo, W. Terry, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
301 E. Pine St., Ste. 1400
City **Orlando** FL Zip Code **32801**

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 *W. Terry Costolo* DATE **4-25-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICERNE, ROBERT M 247 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PICERNE, DAVID R 1420 E MISSOURI AVE., STE 100 PHOENIX AZ 02886 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PICERNE, JOHN G 75 LAMBERT LIND HWY WARWICK RI 02886 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR WRITESCU, RAYMOND M 75 LAMBERT LIND HWY WARWICK RI 02886 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PICERNE, JEANNE M 1420 E MISSOURI AVE., STE 100 PHOENIX AZ 02886 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR PICERNE INVESTMENT CORPORATION 75 LAMBERT LIND HWY WARWICK RI 02886 <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition

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*****\$50.00*****

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: *SIGNATURE REQUIRED*

DATE: **4/25/02** DAYTIME PHONE #: **407-72-0200**

CR2E083 (9/01)