

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000684**

1. Entity Name

PJC @ PGA LIMITED PARTNERSHIP

Principal Place of Business

**8331 HERBERT ROAD
CANFIELD OH 44406**

Mailing Address

**8331 HERBERT ROAD
CANFIELD OH 44406**

2. Principal Place of Business

9501 BRANDYWINE LANE

3. Mailing Address

7226 MYSTIC WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APPROVED
AND
FILED

02 APR 26 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State
Port St. Lucie Florida

City & State
Port St. Lucie Florida

4. FEI Number

75-3046666

Applied For

Not Applicable

Zip
34986

Country
U.S.A.

Zip
34986

Country
U.S.A.

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

**ROMINE, MARIO A
19501 BISCAYNE BLVD.
SUITE 400
AVENTURA FL 33180**

Name

PETER J. CERVONE JR

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

7226 MYSTIC WAY

City

Port St. Lucie

FL

Zip Code

34986

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]

Signature, typed or printed name of registered agent and title is applicable.

4/24/02

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

P01000049108

PJC @ PGA, INC.

8331 HERBERT ROAD

CANFIELD OH 44406

STREET ADDRESS

7226 MYSTIC WAY

CITY-ST-ZIP

Port St. Lucie Florida 34986

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

700005450527--9

-05/03/02--01075--004

CITY-ST-ZIP

*******52.50 *****52.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

700005450527--9

-05/03/02--01075--005

CITY-ST-ZIP

*******88.75 *****88.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/02 (561) 460-9223

Date

Daytime Phone

CR2E003 (9/01)

0019721 AB