

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000580**

1. Entity Name

SEASONS OF TAMPA BAY, LTD.

FILED

02 APR 30 PM 4:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

Mailing Address

~~2410 NW 49TH LANE~~
~~BOCA RATON FL 33431~~

~~2410 NW 49TH LANE~~
~~BOCA RATON FL 33431~~

2. Principal Place of Business

3. Mailing Address

9900 GRAND VERDE WAY

9900 GRAND VERDE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
BOCA RATON, FL

City & State
BOCA RATON FL

4. FEI Number
59-3308563

Applied For

Not Applicable

Zip
33428

Country
USA

Zip
33428

Country
USA

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

GRASSANO, ALAN R

~~2410 NW 49TH LANE~~

~~BOCA RATON FL 33431~~

Name

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

9900 GRANDE VERDE WAY

City

BOCA RATON

FL

Zip Code

33428

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.

2/11/02
DATE

9. Capital Contributions as Shown on record.

\$300,000.00

10. Amount of Capital Contributions in FLORIDA to date.

300,000

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 # **S07745**
NAME **GRASSANO ASSOCIATES, INC.**
STREET ADDRESS **2410 NW 49TH LANE**
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS **9900 GRAND VERDE WAY**
CITY-ST-ZIP **BOCA RATON, FL 33428**

DOCUMENT #
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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:

ALAN R. GRASSANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRES

1/14/02

561-395-0330

Date

Daytime Phone #

CR2E003 (9/01)