

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90240 041 \*\*\*150.00

**DOCUMENT # F94000004449**

**1. Entity Name**  
**PILLSBURY HOSPITALITY ASSOCIATES, INC.**

**Principal Place of Business**  
**2650 CASTILLA AVENUE**  
**FT. LAUDERDALE FL 33301**  
**US**

**Mailing Address**  
**2650 CASTILLA AVENUE**  
**FORT LAUDERDALE FL 33301**  
**US**

**2. Principal Place of Business**  
**2650 CASTILLA ISLE**

Suite, Apt. #, etc.

**3. Mailing Address**  
**2650 CASTILLA ISLE**

Suite, Apt. #, etc.

**City & State**  
**FT. LAUDERDALE, FL**

**City & State**  
**FT. LAUDERDALE, FL**

**4. FEI Number** **62-1364633**

**Applied For**  
**Not Applicable**

**Zip** **33301** **Country** **U.S.**

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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PILLSBURY, LELAND C**  
**2650 CASTILLA AVENUE**  
**FORT LAUDERDALE FL 33301**

**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) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>PILLSBURY, LELAND C</b>	
<b>STREET ADDRESS</b> <b>2650 CASTILLA AVENUE</b>	
<b>CITY-ST-ZIP</b> <b>FORT LAUDERDALE FL</b>	
<b>TITLE</b> <b>STD</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>PILLSBURY, MARY M</b>	
<b>STREET ADDRESS</b> <b>2650 CASTILLA AVENUE</b>	
<b>CITY-ST-ZIP</b> <b>FT. LAUDERDALE FL</b>	
<b>TITLE</b> <b></b>	<input type="checkbox"/> Delete
<b>NAME</b> <b></b>	
<b>STREET ADDRESS</b> <b></b>	
<b>CITY-ST-ZIP</b> <b></b>	
<b>TITLE</b> <b></b>	<input type="checkbox"/> Delete
<b>NAME</b> <b></b>	
<b>STREET ADDRESS</b> <b></b>	
<b>CITY-ST-ZIP</b> <b></b>	
<b>TITLE</b> <b></b>	<input type="checkbox"/> Delete
<b>NAME</b> <b></b>	
<b>STREET ADDRESS</b> <b></b>	
<b>CITY-ST-ZIP</b> <b></b>	
<b>TITLE</b> <b></b>	<input type="checkbox"/> Delete
<b>NAME</b> <b></b>	
<b>STREET ADDRESS</b> <b></b>	
<b>CITY-ST-ZIP</b> <b></b>	

<b>TITLE</b> <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>PILLSBURY, LELAND C</b>	
<b>STREET ADDRESS</b> <b>2650 CASTILLA ISLE</b>	
<b>CITY-ST-ZIP</b> <b>FT. LAUDERDALE, FL 33301</b>	
<b>TITLE</b> <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>PILLSBURY, MARY M</b>	
<b>STREET ADDRESS</b> <b>2650 CASTILLA ISLE</b>	
<b>CITY-ST-ZIP</b> <b>FT. LAUDERDALE, FL 33301</b>	
<b>TITLE</b> <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b></b>	
<b>STREET ADDRESS</b> <b></b>	
<b>CITY-ST-ZIP</b> <b></b>	
<b>TITLE</b> <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b></b>	
<b>STREET ADDRESS</b> <b></b>	
<b>CITY-ST-ZIP</b> <b></b>	
<b>TITLE</b> <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b></b>	
<b>STREET ADDRESS</b> <b></b>	
<b>CITY-ST-ZIP</b> <b></b>	

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Pillsbury Leland C* **April 29, 2002** **954-463-4722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)