

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90128 015 ****50.00

DOCUMENT # L00000000955

1. Entity Name

PONDVIEW VENTURE LLC

Principal Place of Business

**2865 POLO ISLAND DRIVE
 WELLINGTON FL 33414**

Mailing Address

**2865 POLO ISLAND DRIVE
 WELLINGTON FL 33414**

2. Principal Place of Business

2722 SHELTINGHAM DR

3. Mailing Address

2722 SHELTINGHAM DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-0982130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BOLZ, CHARLES S ESQ.
 5 HARVARD CIRCLE, SUITE 100
 WEST PALM BEACH FL 33409**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
 NAME **AVERSANO, RANDOLPH V**
 STREET ADDRESS **2865 POLO ISLAND DRIVE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **MGR** ☐ Delete
 NAME **RENICK, MARK**
 STREET ADDRESS **5272 EAGLE LAKE DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **MGR** ☐ Delete
 NAME **AVERSANO, JANE**
 STREET ADDRESS **2865 POLO ISLAND DRIVE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: JANE AVERSANO, REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/23/02 561-790-3812

Date

Daytime Phone #

CR2E083 (4/02)