

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013301 AF

DOCUMENT # L00000002826

1. Entity Name

OFFICES OF PGA, L.L.C.

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

800 N. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

Mailing Address

800 N. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1039909

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, GERARD A  
800 N. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

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

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

800004036708--D  
-04/20/01--01122--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME HAMILTON, HARRY S  
STREET ADDRESS 800 N. FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE MGR  
NAME HAMILTON, LEE COLEE  
STREET ADDRESS 800 N. FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE MGR  
NAME ARSENAULT, GERARD  
STREET ADDRESS 800 N. FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE MGR  
NAME GREENE, RANDALL  
STREET ADDRESS 3222 EMBASSY DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

4/4/01 (561) 655-3113  
Date Daytime Phone #

CR2E083 (11/00)