

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018043 AF

DOCUMENT # L00000006127

1. Entity Name  
PALMA CEIA HOLDINGS, L.L.C.

Principal Place of Business  
1038 FRANKLAND ROAD  
TAMPA FL 33629

Mailing Address  
1038 FRANKLAND ROAD  
TAMPA FL 33629

FILED  
01 APR 23 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. Box 18541

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33679

4. FEI Number

59-3531439

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLTON, FIELDS, WARD, EMMANUEL, SMITH &  
ONE HARBOUR PLACE, SUITE 500  
TAMPA FL 33602

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER ☐ Delete  
PAUL GRUBER  
1038 FRANKLAND RD.  
TAMPA, FL 33629

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT, GENERAL COUNSEL ☐ Delete  
PAUL C. DAVID  
3812 WEST SAN JUAN ST.  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000004134770-3  
-05/03/01-01132-024  
\*\*\*\*200.00 \*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ 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

Date

Daytime Phone #

4-11-01 813-251-5856

CR2E083 (11/00)