

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90029 041 \*\*\*\*\*50.00

0005241

**DOCUMENT # L00000010405**

1. Entity Name

**HOLIDAY GARDENS, LLC**

Principal Place of Business

**4661 N. FEDERAL HWY  
POMPANO BEACH FL 33064**

Mailing Address

**1101 E. SAMPLE ROAD  
POMPANO BEACH FL 33064**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1042636**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****TILLEY, LYN  
1101 E. SAMPLE ROAD  
POMPANO BEACH FL 33064****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  
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>FRIONE, FRANK</b>	
STREET ADDRESS	<b>1101 E SAMPLE RD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	

TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>MERKLE, PETER F</b>	
STREET ADDRESS	<b>1101 E SAMPLE RD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:****SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**1/21/2002 9547837100**

CR2E083 (9/01)