

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90014 002 ****50.00

DOCUMENT # L01000004492

1. Entity Name

FLORIDA BILLIARD OF TAMPA LLC

Principal Place of Business
15411 North Dale Mabry
14813 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

Mailing Address
14813 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

930249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15411 North Dale Mabry

Mailing Address

9421 S. Orange Blossom Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Orlando, FL

4. FEI Number
59-3707219

Applied For
Not Applicable

Zip
33618

Country
USA

Zip
32837

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLLO, CAROL
14813 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOLLO, AUGUSTINE D
14813 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP
MGR
BOLLO, CAROL
14813 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618 ☐ Delete

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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: *Carol Bollo*

2-3-02

407.240-2322

CR2E083 (9/01)