

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90089 050 \*\*\*\*50.00

0059858

**DOCUMENT # L01000007172**

1. Entity Name

**VAIL, LLC**



Principal Place of Business

**33 N. GARDEN AVE.**

**#770**

**CLEARWATER FL 33755**

Mailing Address

**PO BOX 1348**

**CLEARWATER FL 33757**

**30061751**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1000 ELDORADO AVE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 902**

Suite, Apt. #, etc.

City & State

**CLEARWATER FL**

Zip

**33767**

Country

**U.S.A.**

City & State

**CLEARWATER FL**

Zip

**33757**

Country

**U.S.A.**

4. FEI Number

**59-3716691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RIVELLINI, PETER A  
911 CHESTNUT STREET  
CLEARWATER FL 33756**

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. 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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **RENALD & MIREILLE POLLACK AS TBE**  
STREET ADDRESS **33 N. GARDEN AVE. #770**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **MGRM**  
STREET ADDRESS **RONALD + MIREILLE POLLACK AS TBE**  
CITY-ST-ZIP **1000 ELDORADO AVE  
CLEARWATER, FL 33767**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 #

**4/1/03 (727) 298-5409**

CR2E083 (10/02)