

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90207 031 \*\*\*\*55.00

965820



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000019894**

1. Entity Name

**POLLY'S PANTRY LLC**

Principal Place of Business

**9418 KEATING DRIVE  
 PALM BEACH GARDENS FL 33410**

Mailing Address

**9418 KEATING DRIVE  
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1156822**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HOTTMAN, BARBARA  
 9418 KEATING DRIVE  
 PALM BEACH GARDENS FL 33410**

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

*Barbara Hotman*

*5/1/02*

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 NAME **MGRM LANCE, MARSHA** ☐ Delete  
 STREET ADDRESS **690 N.E. 113TH STREET**  
 CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE NAME **MGRM HOTTMAN, BARBARA** ☐ Delete  
 STREET ADDRESS **9418 KEATING DRIVE**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM LANCE, MARSHA** ☒ Change ☐ Addition  
 STREET ADDRESS **5984 Wallace Drive**  
 CITY-ST-ZIP **ORLANDO, FL 32807**

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

TITLE NAME ☐ Change ☐ Addition  
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 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:

*Marsha Lance*

*5/1/02*

*407-243-1815*

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

Date

Daytime Phone #

CR2E083 (9/01)