# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 07, 2003 8:00 am**
**Secretary of State**

04-30-2003 90190 035 ****50.00

44005330

[redacted]

DOCUMENT # L02000015837

1. Entity Name
NORTH GARDEN ASSOCIATES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1104 DRUID ROAD SOUTH<br>CLEARWATER FL 33756 | 1104 DRUID ROAD SOUTH<br>CLEARWATER FL 33756 |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1000 Eldorado Ave<br>Suite, Apt. #, etc. | P.O. Box 902<br>Suite, Apt. #, etc. |
| City & State: Clearwater, FL | City & State: Clearwater, FL |
| Zip: 33767 Country: U.S.A. | Zip: 33757 Country: U.S.A. |

4. FEI Number: APPLIED FOR ☑ Applied For ☐ Not Applicable

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 |
|---|---|
| POLLACK, RONALD J<br>1104 DRUID ROAD SOUTH<br>CLEARWATER FL 33756 | Name: Ronald J. Pollack<br>Street Address (P.O. Box Number is Not Acceptable): 1000 Eldorado Ave<br>City: Clearwater FL Zip Code: 33767 |

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] Ronald J. Pollack 4/23/03
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 | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGR ☐ Delete | TITLE | MGR ☑ Change ☐ Addition |
| NAME | POLLACK, RONALD J | NAME | Ronald J. Pollack |
| STREET ADDRESS | 1104 DRUID ROAD SOUTH | STREET ADDRESS | 1000 Eldorado Ave |
| CITY-ST-ZIP | CLEARWATER FL 33756 | CITY-ST-ZIP | Clearwater, FL 33767 |
| TITLE | MGR ☐ Delete | TITLE | MGR ☑ Change ☐ Addition |
| NAME | POLLACK, MIREILLE | NAME | Mireille Pollack |
| STREET ADDRESS | 1104 DRUID ROAD SOUTH | STREET ADDRESS | 1000 Eldorado Ave |
| CITY-ST-ZIP | CLEARWATER FL 33756 | CITY-ST-ZIP | Clearwater, FL 33767 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E083 (10/02)

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 Ronald J. Pollack 4/23/03 727/298-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #