

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90116 040 \*\*\*\*50.00

**DOCUMENT # L02000028218**

1. Entity Name

**TIERRA SANTA CONSTRUCTION, LLC**



Principal Place of Business

**11519 NE STATE ROAD 26  
GAINESVILLE FL 32641**

Mailing Address

**7257 NW 4TH BLVD #44  
GAINESVILLE FL 32607  
US**

2. Principal Place of Business

3. Mailing Address

**4509 NW 23rd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 13**

City & State

City & State

**Gainesville FL**

Zip

Country

Zip

Country

**32606**

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**47-0893291**

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

**POLVERE, ROBERT J  
7257 NW 4TH BLVD #44  
GAINESVILLE FL 32607**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4509 NW 23rd Avenue**

**Suite 13**

City

**Gainesville**

**FL**

Zip Code

**32606**

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

*Robert J. Polvere*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/18/03**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ALTOMARE, TIMOTHY J  
11519 NE ST ROAD 26  
GAINESVILLE FL 32641**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
POLVERE, ROBERT J  
1432 NW 98TH TERRACE  
GAINESVILLE FL 32606**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

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

*Robert J. Polvere*  
**Robert J. Polvere**

**4/18/03 (352) 494-3909**

Date

Daytime Phone #

CR2E083 (10/02)

0049537