2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000408

1. Entity Name

POLO BARN L.C.

FILED
00 JUN 15 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12773 W. FOREST HILL STE 1201 WELLINGTON, FL 33414	

2. Principal Place of Business	3. Mailing Address
12773 W. FOREST HILL	12773 W. FOREST HILL
Suite, Apt. #, etc. 1201	Suite, Apt. #, etc. 1201
City & State Wellington FL	City & State Wellington FL
Zip 33414 Country USA	Zip 33414 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2184799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DONALD DUFRESNE
12788 W. FOREST HILL
STE 2003
WELLINGTON FL 33414

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 ______
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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICHARD HARTNETT		NAME	
STREET ADDRESS	204 DODGE ROAD		STREET ADDRESS	
CITY-ST-ZIP	ROWLEY MA		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ITALO CAROLI		NAME	
STREET ADDRESS	728 UPPER Belmont		STREET ADDRESS	100003297951--9 -06/20/00--01090--003 *****55.00 *****55.00
CITY-ST-ZIP	QUEBEC CANADA		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (11/99)

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: Richard Hartnett RICHARD HARTNETT 4/20/00 (561)790-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #