

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000408

1. Entity Name  
POLO BARN, L.C.

Principal Place of Business  
12773 W. FORREST HILL, SUITE 1201  
WELLINGTON FL 33414

Mailing Address  
12773 W. FORREST HILL, SUITE 1201  
WELLINGTON FL 33414

FILED

01 MAY 11 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2184799

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

DUFRESNE, DONALD P  
12773 W. FORREST HILL, SUITE 1201  
WELLINGTON FL 33414

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 NAME MGRM CAROLI, ITALO ☐ Delete  
STREET ADDRESS 728 UPPER BELMONT  
CITY-ST-ZIP QUEBEC, CANADA

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

TITLE NAME MGRM HARTNETA, RICHARD ☐ Delete  
STREET ADDRESS 204 DODGE ROAD  
CITY-ST-ZIP ROWLEY MA

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600004376956--5  
CITY-ST-ZIP -06/08/01--01014--015  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: *John Caroli* SIGNATURE REQUIRED CAROLI

4/26/01

561-790-2092

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

Date

Daytime Phone #