

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91214 028 \*\*\*\*\*50.00

**DOCUMENT # L99000004388**

1. Entity Name

**PARK PLACE OF INDIAN SHORES, LLC**

Principal Place of Business

**C/O NORMAN BALTHASAR  
 19636 GULF BOULEVARD  
 INDIAN SHORES FL**

Mailing Address

**C/O NORMAN BALTHASAR  
 19636 GULF BOULEVARD  
 INDIAN SHORES FL**

2. Principal Place of Business

3. Mailing Address

**7736 N. Beach Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Fox Point, WI**

Zip

Country

Zip

Country

**53217**

**USA**

4. FEI Number

**NOT APPLICABLE**

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

**HIGHTOWER, R. NATHAN  
 625 COURT STREET, SUITE 200  
 CLEARWATER FL 33756**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **BALTHASAR, NORMAN**  
 STREET ADDRESS **19636 GULF BOULEVARD**  
 CITY-ST-ZIP **INDIAN SHORES FL 33785**

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

TITLE **MGRM** ☐ Delete  
 NAME **BALTHASAR, SUSAN**  
 STREET ADDRESS **19636 GULF BOULEVARD**  
 CITY-ST-ZIP **INDIAN SHORES FL 33785**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:** **Susan M. Balthasar**

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

**3/11/02 4142284961**

Date Daytime Phone #

0037497

CR2E083 (9/01)