

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90031 031 ****50.00

DOCUMENT # L99000005729

1. Entity Name
POLO HOLDINGS, LLC



Principal Place of Business
101 E. KENNEDY BLVD., SUITE 3925
TAMPA FL 33602

Mailing Address
101 E. KENNEDY BLVD., SUITE 3925
TAMPA FL 33602

2. Principal Place of Business
101 E. Kennedy Blvd.

3. Mailing Address
101 E. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 3300

Suite, Apt. #, etc.
Suite 3300

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602 Country
U.S.A.

Zip
33602 Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3597581**

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

GORDON, BRAD A
101 E. KENNEDY BLVD., SUITE 3925 3300
TAMPA FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 **MGRM** ☐ Delete
NAME **MICHAELS, JOHN P JR.**
STREET ADDRESS **101 E. KENNEDY BLVD., SUITE 3925**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **J. Patrick Michaels, Jr.**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **MGR** ☒ Delete
NAME **GORDON, BRAD**
STREET ADDRESS **101 E. KENNEDY BLVD., SUITE 3925**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Brad A. Gordon**
STREET ADDRESS **101 E. Kennedy Blvd., suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Brad A. Gordon **01-16-03** **(813)318-9444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**

CFR2E083 (10/02)