

2000 UNIFORM BUSINESS REPORT (UBR)APPROVED
AND
FILED

00 APR 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **L99000009079**

1. Entity Name

CATEGORY FORE MANAGEMENT COMPANY, LLC

Principal Place of Business

Mailing Address

1983 PGA BLVD 101
PBG. FL 33408

Same

2. Principal Place of Business

3. Mailing Address

1983 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

PALM BEACH GARDENS FL

Zip

Country

Zip

Country

33408

USA

4. FEI Number

65-0966233

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOM BALLETTA
1983 PGA BLVD 101
PBG FL 33408

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 registrant and agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MANAGER	☐ Delete
NAME	TOM BALLETTA	
STREET ADDRESS	1983 PGA BLVD 101	
CITY-STATE-ZIP	PBG FL 33408	

TITLE		☐ Change ☐ Addition
NAME	900003258569--8	
STREET ADDRESS	-05/19/00--01010--008	
CITY-STATE-ZIP	*****50.00 *****50.00	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
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CITY-STATE-ZIP		

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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-22-00

Date

Deputy Editor #

CR2E083 (1/1999)