

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013477 AF

DOCUMENT # L99000009079

1. Entity Name

CATEGORY FORE MANAGEMENT COMPANY, LLC

01 APR 26 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1983 PGA BLVD., SUITE 101
PALM BEACH GARDENS FL 33410

Mailing Address

1983 PGA BLVD., SUITE 101
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3889 NORTHLAKE

3. Mailing Address

3889 NORTHLAKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bch Gdns FL

City & State

PBG FL

4. FEI Number

65-0966233

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLETTA, THOMAS

1983 PGA BLVD., SUITE 101

PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3889 NORTHLAKE Blvd

City PALM Bch GARDENS FL

Zip Code 33403

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

TITLE NAME MGR ☐ Delete
BALLETTA, TOM
STREET ADDRESS 1983 PGA BLVD., SUITE 101
CITY-ST-ZIP PALM BEACH GARDENS FL 33408

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
3889 NORTHLAKE Blvd.
STREET ADDRESS PALM BEACH GARDENS FL 33403
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300004191403--4
CITY-ST-ZIP -05/09/01--01110--014

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

4-16-01 861-622-3000

CR2E083 (11/00)