

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001724

1. Entity Name

ASTON GARDENS AT TAMPA BAY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 19 PM 2:44



Principal Place of Business

137 S. PEBBLE BEACH BLVD., SUITE 201  
SUN CITY CENTER FL 33573

Mailing Address

137 S. PEBBLE BEACH BLVD., SUITE 201  
SUN CITY CENTER FL 33573

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

59-3646759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON, RICHARD  
137 S. PEBBLE BEACH BLVD., SUITE 201  
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

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

TITLE NAME MGR  
ACKERMAN, DON E ☒ Delete  
STREET ADDRESS 137 S. PEBBLE BEACH BLVD., SUITE 201  
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE NAME MGR  
HOFFMAN, ALFRED JR. ☒ Delete  
STREET ADDRESS 137 S. PEBBLE BEACH BLVD., SUITE 201  
CITY-ST-ZIP SUN CITY CENTER FL 33573

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 Aston Investors, LLC ☒ Change ☐ Addition  
STREET ADDRESS 137 South Pebble Beach Blvd.  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE NAME 300003929523--0 ☐ Change ☐ Addition  
STREET ADDRESS -03/29/01--01065--025  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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 #

CR2E083 (11/00)