

2001 UNIFORM BUSINESS REPORT (UBR)

0016805 AF

DOCUMENT # M00000001725

1. Entity Name
THE VILLAS AT TAMPA BAY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 PM 1:18

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.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3646758

Applied For
Not Applicable

Zip Country

Zip Country

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

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

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 _____ (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

10. ADDITIONS / CHANGES

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

TITLE MGR ☐ Change ☒ Addition
NAME ASTON INVESTORS LLC
STREET ADDRESS 137 S PEBBLE BEACH BLVD, SUITE 201
CITY-ST-ZIP SUN CITY CENTER, FL 33573

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date Daytime Phone #

CR2E083 (11/00)