

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026359 AF

DOCUMENT # M99000000063

1. Entity Name

IRA HOLTZ & ASSOCIATES, LLC

FILED

01 APR 18 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

91 FRIENDSHIP STREET  
PROVIDENCE RI 02903

Mailing Address

91 FRIENDSHIP STREET  
PROVIDENCE RI 02903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0495786

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

GROBMAN, BOB  
13864 DEGAS DR. E.  
PALM BEACH GARDENS FL 33410

Name

GROBMAN, BOB

Street Address (P.O. Box Number is Not Acceptable)  
273 FIDDLERS POINT DRIVE

City

ST. AUGUSTINE

FL

Zip Code  
32084

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

400004076824--0  
-04/25/01--01040--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HOLTZ, IRA  
91 FRIENDSHIP ST.  
PROVIDENCE RI 02903 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GROBMAN, BOB  
13864 DEGAS DR. E.  
PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GROBMAN, BOB  
273 FIDDLERS POINT DRIVE  
ST. AUGUSTINE, FL 32084 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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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 #

4/17/01

401-521-8963

CR2E083 (11/00)