

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90192 042 \*\*\*\*50.00

**DOCUMENT # M99000000187**

1. Entity Name

**PALM BAY ASSOCIATES, LLC**

Principal Place of Business

**3841 GREEN HILLS VILLAGE DRIVE  
 SUITE 400  
 NASHVILLE TN 37215**

Mailing Address

**3841 GREEN HILLS VILLAGE DRIVE  
 SUITE 400  
 NASHVILLE TN 37215**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**P.O. Box 680176**

**Prattville, AL**

**36067**

**USA**



DO NOT WRITE IN THIS SPACE

**947809**

4. FEI Number

**62-1770882**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIRA, JACK B  
 5205 BABCOCK STREET NE  
 PALM BAY FL 32905**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **NEWTON OLDACRE MCDONALD, L.L.C.**  
 CITY-ST-ZIP **3841 GREEN HILLS VILLAGE DRIVE  
 NASHVILLE TN 37215**

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **PHOENIX ASSOCIATES, L.L.C.**  
 CITY-ST-ZIP **1410 KENSINGTON SQ CT #101  
 MURFREESBORO TN 37130**

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **MCDONALD, MARK**  
 CITY-ST-ZIP **3841 GREEN HILLS VILLAGE DRIVE  
 NASHVILLE TN 37215**

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **MARTIN, ROBERT A**  
 CITY-ST-ZIP **1410 KENSINGTON SW CT #101  
 MURFREESBORO TN 37130**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

**Newton Oldacre McDonald**

**4/18/02**

**384/361-4500**

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

Date

Daytime Phone #

CR2E083 (9/01)