

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 023 ****50.00

DOCUMENT # M99000000705

1. Entity Name

HOLLYWOOD TOWNE HOUSE, LLC

Principal Place of Business

Mailing Address

**4635 CASON COVE DRIVE
 ORLANDO FL 32811-6623**

**4635 CASON COVE DRIVE
 ORLANDO FL 32811-6623**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1890118**

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

**BRUSKIN, HAROLD M
 2900 NORTH COURSE DRIVE
 BUILDING 53, APT #402
 POMPANO BEACH FL 33069**

Name

Gabriel - Res, J. J.

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

6551 Port of Commerce Blvd

Suite 100

City

Doon Roton

FL

Zip Code

33487

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **BRUSKIN, HAROLD M**
 STREET ADDRESS **114 RARITAN AVENUE**
 CITY-ST-ZIP **HIGHLAND PARK NJ 08904**

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

TITLE **MGR** ☐ Delete
 NAME **REITMAN, NORMAN**
 STREET ADDRESS **498 HARRISON AVENUE**
 CITY-ST-ZIP **HIGHLAND PARK NJ 08904**

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

TITLE ☐ Delete
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 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]* REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)