## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	MENT# <b>L990</b> 0	00005526				FILED	}		
1. Entity Name SAM HILL REALTY, LC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address						00 FEB 14 P	H 12: 43	í	
** DIXIE COMMERCIAL CENTER-  1122 OLD DIXIE HWY., SUITE 4-B  1122 OLD DIXIE HWY., SUITE 4-B				v PA					
VERO BEACH FL 32960 VERO BEACH FL 32960-43									
2. Principal P	lace of Business	3. Mailing Address	i						
· · · · · · · · · · · · · · · · · · ·						DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State			4. FEI Number Applied For Not Applicable			
Zip Country		Zip	Zip Country		5. Cer	5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent			7. Nan	ne and Address of New R			
				Name	Name				
Johnston, Kathryn B 1962 26th Avenue				Street Address (P.O. Box Number is Not Acceptable)					
VERO BEACH FL 32960						· · · ·			
				City FL Zip Code					
8. The above	named entity submits this statement	for the purpose of changing its	registere	ed office or re	gistered agent,	or both, in the State of Flo	rida.		
OLONIATURE	ì								
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registere	d Agent signature r	equired when reinsta	iting)	DATE		
		FILE NO	) !!! WC	FEE IS \$50	.00				
	-	Make Check Pa	yable t	o Departme	ent of State				
9.		I MBERS/MEMBERS	10.			ADDITIONS/	CHANGES	·	
TITLE	MGRM Donahue, Charles a Trus	☐ Delete	TITU	"			Char	ige 🗌 Addition	
NAME STREET ADDRESS	143 WEST STREET	ICC		EET ADDRESS	ı				
CITY-ST-ZIP	KEENE NH 03431		CITY	- ST- ZIP	-m	2/3/00		🗆 64494	
TITLE NAME	MGRM JOHNSTON, KATHRYN B	☐ Defete	TITL		Ų	600003	_ Chair 153084	ge Addition	
STREET ADDRESS	1962 26TH AVENUE	•	1	ET ADDRESS		600003 -03/01	70001077	015 :	
CITY-8T-ZIP	VERO BEACH FL 32960	· 🗆 🗖 8-4-4-	+-	-\$T-ZIP		米米米米米	oij。[[]	**50.00 ge □ Addition	
TITLE Name	:	, ways 🚅 📮 Deleta 🚆	NAM	E				de 🗆 versoon	
STREET ADDRESS CITY-ST-ZIP	,		1	ET ADDRESS -ST-ZIP					
TITLE		Delete	TITL	-			Char	ige Addition	
NAME			NAM						
STREET ADDRESS City-8t-Zip				ET ADDRESS - St-Zip					
TITLE		☐ Detete	TITL				Char	ge 🔲 Addition	
NAME STREET ADDRESS		e e e e e e e e e e e e e e e e e e e	NAM STRE	E ET ADDRESS					
CITY-81-ZIP			CITY	- 8T - ZIP		<u>.</u>		<del></del>	
TITLE Name		☐ Deleta	TITU				Char	ge 🗌 Addition	
STREET ADDRESS	. ,		STRE	ET ADDRESS					
CITY-ST-ZIP	portify that the information as a first	ith this filing does not supply to		- 8T - ZIP	Lin Postion 440	07(2Vi) Florida Statutas I	further certify that t	he information	
indicated	certify that the information supplied w on this report is true and accurate a bility company or the receiver or trus	nd that my signature shall have	the same	e legal effect a	as if made unde	er oath; that I am a manag	ing member or mar	nager of the	

MANAGING MEMBER OR MANAGER / Date Date