# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAR 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/10

DOCUMENT # L99000008597

Entity Name
HNER PROPERTIES, LLC

Principal Place of Business
50 Royal Court
Delray Beach FL 33444

Mailing Address

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 50 Royal Court | 250 Royal Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Dly Bch FL | City & State: Delray Bch FL |
| Zip: 3444 Country: US | Zip: 33444 Country: US |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0973451 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| Steven M. Hefner<br>250 Royal Court<br>Delray Bch FL 33444 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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, 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

| MANAGING MEMBERS / MEMBERS | 10. ADDITIONS / CHANGES |
|---|---|
| Managing Member ☐ Delete<br>Steven M. Hefner<br>250 Royal Court<br>Delray Bch FL 33444 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition<br>400003205854--<br>-04/13/00--01033--002<br>*****50.00 *****50.00 |
| ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition |
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CR2E083 (11/99)

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: _____ 3/07/00 (561)272-6855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #