

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **M96000000526**
 1. Entity Name
Hoar Construction, LLC

MAY 10 PM 1:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**Two Metroplex Drive
 Birmingham, AL
 35209**

Mailing Address
**P.O. Box 660400
 Birmingham AL
 35266-0400**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1367828

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required.

6. Name and Address of Current Registered Agent
**Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State


9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Wayne N. Hoar (MARM) <input type="checkbox"/> Delete Two Metroplex Drive Birmingham, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert O. Burton (MARM) <input type="checkbox"/> Delete Two Metroplex Drive Birmingham, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas E. Clyce, Jr. MARM <input type="checkbox"/> Delete Two Metroplex Drive Birmingham, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Steven J. McCard (MARM) <input type="checkbox"/> Delete Two Metroplex Drive Birmingham, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003279223-3 -06/07/00-01005-022 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **W.P.** Date: **4/10/00** Daytime Phone #: **205-423-2353**