

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97000000622**

1. Entity Name
HIPI GROUP PROTECTION LLC

FILED

00 FEB -4 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1445 GREENBRIER PLACE CHARLOTTESVILLE VA 22901	Mailing Address 1445 GREENBRIER PLACE CHARLOTTESVILLE VA 22901-1697
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **54-1847043** Applied For Not Applied For
5. Certificate of Status Desired **\$5.00** Additional Fee Required.

6. Name and Address of Current Registered Agent
**ABEL, MICHAEL A
MCGUIRE, WOODS & BATTLE
BARNETT CENTER, STE. 3550, 50 N. LAURA ST.
JACKSONVILLE FL 32202**

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 Delete
NAME **MGR**
STREET ADDRESS **NATIONAL GROUP PROTECTION/% SANDRA PALUMBO**
CITY-ST-ZIP **2307 COMMONWEALTH DR.
CHARLOTTESVILLE VA 22901**

TITLE Delete
NAME **MGR**
STREET ADDRESS **SNYDER, ROBERT II**
CITY-ST-ZIP **300 S. WACKER DR., STE. 2600
CHICAGO IL 60606**

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

10. ADDITIONS/CHANGES
TITLE Change Addition
NAME **500003128395--?**
STREET ADDRESS **-02/09/00--01001--004**
CITY-ST-ZIP *******50.00 *****50.00**

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
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: *Sandra Palumbo* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-24-2000

Date Daytime Phone #