

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25842**

1. Entity Name

**HOUND EARS CLUB, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:42



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 188  
BLOWING ROCK NC 28605

Mailing Address

P.O. BOX 188  
BLOWING ROCK NC 28605-0188

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6239717**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, H. WILLIAM  
WHITE & CASE  
200 S. BISCAYNE BLVD.  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**CLAUGHTON EDWARD N.**

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

**80 SW 8 STREET**

**SUITE 2203**

City

**MIAMI**

**FL**

Zip Code

**33130-3004**

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

*Edward N. Cloughton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$4,500,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **K12898**  
NAME **HOUNDS EARS CLUB, INC.**  
STREET ADDRESS **777 BRICKELL AVE. #1130**  
CITY - ST - ZIP **MIAMI FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

**80 SW 8TH STREET # 2203**

CITY - ST - ZIP

**MIAMI FL 33130-3004**

STREET ADDRESS

CITY - ST - ZIP

**mi 3113100**

STREET ADDRESS

**8000003169258--7**

CITY - ST - ZIP

**-03/14/00-01093-009**

**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*William R. Carter*  
**WILLIAM R. CARTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**2/25/00 (828) 963-4331**

Daytime Phone #

CR2E003 (9/99)