

2002 UNIFORM BUSINESS REPORT (UBR)

0019161 AB

DOCUMENT # **A25975**

1. Entity Name

THE HAMPTONS ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 15



Principal Place of Business
**2 GILLON STREET
SUITE A
CHARLESTON SC**

Mailing Address
**2 GILLON STREET
SUITE A
CHARLESTON SC**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **58-1772820**

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

7. Name and Address of New Registered Agent

**SMETZER, BONNIE
JACKSON MANAGEMENT GROUP
2174 HARRIS AVE N.E.
PALM BAY FL 32905**

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

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **HARLEY, EDWIN W.**
STREET ADDRESS **2 GILLON STREET**
CITY-ST-ZIP **CHARLESTON SC**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **F93000001243**
NAME **HPI PARTNERS II, INC.**
STREET ADDRESS **2 GILLON STREET**
CITY-ST-ZIP **CHARLESTON SC**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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:

Edwin W. Harley
EDWIN W. HARLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3.27.02

843.853-6344

Date Daytime Phone #

CR2E003 (9/01)