

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # A94000001083**1. Entity Name
HAYNES FAMILY, LTD.

Principal Place of Business	Mailing Address
9173 BAY POINT DRIVE	9173 BAY POINT DRIVE
ORLANDO FL 32819	ORLANDO FL 32819

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

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number
59-3262103Applied For
Not Applicable5. 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**

HAYNES BRUCE G
9173 BAY POINT DRIVE

ORLANDO FL 32819 US

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 **BRUCE G HAYNES****04/27/2001**

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. **2,546,000.00**10. Amount of Capital Contributions
in FLORIDA to date. **2,546,000.00****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	HAYNES BRUCE G
STREET ADDRESS	9173 BAY POINT DRIVE
CITY-ST-ZIP	ORLANDO FL 32819

STREET ADDRESS	
CITY-ST-ZIP	

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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: **Bruce G Haynes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**GP 04/27/2001**

Date

Daytime Phone #

CR2E003 (11/00)