

2001 UNIFORM BUSINESS REPORT (UBR)

0002436 AF

DOCUMENT # **A95000000053**

1. Entity Name

HBR ASSOCIATES, LTD.

FILED

01 MAY -3 AM 11:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1900 SUMMIT TOWER BLVD., SUITE 260
ORLANDO FL 32810**

Mailing Address

**1900 SUMMIT TOWER BLVD., SUITE 260
ORLANDO FL 32810**

2. Principal Place of Business

**423 S. Keller Road
Suite, Apt. #, etc.
201**

3. Mailing Address

**423 S. Keller Road
Suite, Apt. #, etc.
201**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3289905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEFKOWITZ, HOWARD B
1900 SUMMIT TOWER BLVD., SUITE 260
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

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

**423 South Keller Road
Suite 201**

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

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.

\$1,000.00

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 # **P94000049817**
NAME **L.H. DOYLE, INC.**
STREET ADDRESS **1900 SUMMIT TOWER BLVD., SUITE 260**
CITY - ST - ZIP **ORLANDO FL 32810**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

423 S. Keller Road, # 201

CITY - ST - ZIP

STREET ADDRESS

**5000004323745-7
-05/25/01-01077-010
****141.25 ****141.25**

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)