

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000088

1. Entity Name

FTAL MILLHOPPER INVESTMENT ASSOCIATES, L.C.

Principal Place of Business

Mailing Address

4423 NW 6TH PLACE SUITE A
GAINESVILLE FL 32607

4423 NW 6TH PLACE SUITE A
GAINESVILLE FL 32607

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 59-3628615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINLAYSON, GORDON C M.D.
4423 NW 6TH PLACE
GAINESVILLE FL 32607

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

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

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FINLAYSON, GORDON C M.D.
4423 NW 6TH PLACE SUITE A
GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
000003992610--0
-04/11/01--01097--013
*****58.00 *****58.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
TARRANT, DARRELL G M.D.
4423 NW 6TH PLACE SUITE A
GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ALFINO, PAUL A M.D.
4423 NW 6TH PLACE SUITE A
GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LOPEZ-NIETO, CARLOS E M.D.
4423 NW 6TH PLACE SUITE A
GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime phone #

FILED
Apr 02, 2001 8:00 A.M.
Secretary of State

3/26/01 352
3875600