

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 1001 B AT

DOCUMENT # L00000002646

1. Entity Name

BHR LAND DEVELOPMENT, LLC

Principal Place of Business

3638 LITHIA PINECREST RD
VALRICO FL 33594

Mailing Address

3638 LITHIA PINECREST RD
VALRICO FL 33594

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

65-0998622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWLON, JONATHAN W
101 E. KENNEDY BLVD., STE 4100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name SUSAN B. HAGUE

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

see Above

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 *Susan B. Hague Arnp*

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

(NOTE: Registered Agent signature required when reinstating)

SUSAN B HAGUE 1-25-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
FRUD BEARISON, MD ☐ Delete
PRESIDENT
- see above

TITLE NAME STREET ADDRESS CITY-ST-ZIP
JOHN ROG, MD ☐ Delete
VICE PRESIDENT
- see above

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SUSAN B. HAGUE ARNP ☐ Delete
SECRETARY-TREASURER
- see above

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
300003657233--4
-02/08/01--01025--001
******50.00 *****50.00*

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SUSAN B. HAGUE ARNP
SUSAN B. HAGUE ARNP

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

Date

Daytime Phone #

1/25/01 813 662 0123

FILED

01 JAN 31 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)