

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90340 034 ****50.00

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

2237 Lithia Center Ln

3. Mailing Address

2237 Lithia Center Ln

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGUE, SUSAN B

**3638 LITHIA PINECREST RD
VALRICO FL 33594**

Name

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
FRED BEARISON, MD
3638 LITHIA PINECREST RD
VALRICO FL 33594** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
see new street address ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JOHN ROG, MD
3638 LITHIA PINECREST RD
VALRICO FL 33594** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
SUSAN B. HAGUE, ARNP
3638 LITHIA PINECREST RD
VALRICO FL 33594** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

1/17/03

813 662 0123

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

Date

Daytime Phone #

CR2E083 (10/02)