

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002940

1. Entity Name
HUTCHENS INVESTMENT MANAGEMENT FLORIDA, LLC

FILED

01 JAN 24 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1290 GOLDFINCH WAY
NAPLES FL 34105

Mailing Address
1290 GOLDFINCH WAY
NAPLES FL 34105

2. Principal Place of Business
4501 TAMiami TRAIL NORTH

3. Mailing Address
4501 TAMiami TRAIL NORTH

Suite, Apt. #, etc.
SUITE 422

Suite, Apt. #, etc.
SUITE 422

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
59-3630925

Applied For
Not Applicable

Zip
34103

Country
USA

Zip
34103

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCARDLE, MICHAEL W
ROETZEL & ANDRESS
850 PARK SHORE DRIVE, 3RD FLOOR
NAPLES FL 34103

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME MGR
STREET ADDRESS MCKEAN, PAUL F JR.
CITY-ST-ZIP 1290 GOLDFINCH WAY
NAPLES FL 34105 ☐ Delete

TITLE NAME MGR
STREET ADDRESS HUTCHENS, WILLIAM D JR.
CITY-ST-ZIP 175 MAIN STREET
NEW LONDON NH 03257 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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
000003602400--8
-01/30/01--01113--005
*****50.00 *****50.00

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

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

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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: SIGNATURE REPAUL F MCKEAN, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/16/01
Date

941 263 3064
Daytime Phone #

CR2E083 (11/00)