

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90071 045 \*\*\*\*\*50.00

**DOCUMENT # L00000004252**

1. Entity Name

**HEATWOLE MANAGEMENT, LLC**

Principal Place of Business

**3155 N. PINE LAKE VILLAGE POINT  
 LECANTO FL 34461**

Mailing Address

**3155 N. PINE LAKE VILLAGE POINT  
 LECANTO FL 34461**

2. Principal Place of Business

**3498 GRAY HAWK LOOP**

3. Mailing Address

**3498 GRAY HAWK LOOP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LECANTO, FL**

City & State

**LECANTO, FL**

4. FEI Number

**52-2236702**

Applied For

Not Applicable

Zip

**34461**

Country

**citrus**

Zip

**34461**

Country

**CITRUS**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HEATWOLE, JAMES D  
 3155 N. PINE LAKE VILLAGE POINT  
 LECANTO FL 34461**

7. Name and Address of New Registered Agent

Name **JAMES D. HEATWOLE**

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

**3498 N. GRAY HAWK LOOP**

City **LECANTO**

**FL**

Zip Code **34461**

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 **JAMES D. HEATWOLE**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
 NAME **HEATWOLE, JAMES D**  
 STREET ADDRESS **3155 N. PINE LAKE VILLAGE POINT**  
 CITY-ST-ZIP **LECANTO FL 34461**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS **3498 N. GRAY HAWK LOOP**  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

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☐ Change ☐ Addition

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☐ 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: **JAMES D. HEATWOLE**

**3/28/02**

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

Date

Daytime Phone #

CR2E083 (9/01)