

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000004924**

1. Entity Name
HEATHER SHOPS MANAGEMENT CO., LLC

FILED

01 AUG 22 PM 12: 17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**2208 SOUTH STREET
LEESBURG FL 34748**

Mailing Address
**2208 SOUTH STREET
LEESBURG FL 34748**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
121 Griffin View Dr
Suite, Apt. #, etc.

City & State
Lady Lake FL

4. FEI Number
593647279

Zip Country
32159 USA

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

6. Name and Address of Current Registered Agent
**JANS, RICHARD C
201 E. PINE STREET, SUITE 500
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name **Fred A. Morrison**
Street Address (P.O. Box Number is Not Acceptable)
1000 West Main Street
City **Leesburg** **FL** Zip Code **34748**

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]*

DATE **8-14-2001**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004560104--0
-08/28/01--01064--016
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT John F Whitt 121 Griffin View Dr Lady Lake FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

CR2E083 (5/01)

STAPLE CHECK HERE