

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90108 002 \*\*\*\*50.00

**DOCUMENT # L00000004924**

1. Entity Name  
**HEATHER SHOPS MANAGEMENT CO., LLC**

Principal Place of Business <b>2208 SOUTH STREET LEESBURG FL 34748</b>	Mailing Address <b>121 GRIFFIN VIEW DR. LADY LAKE FL 32159</b>
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**916649**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>121 Griffin View Dr</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Lady Lake FL</b>	City & State	4. FEI Number <b>59-3647279</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32159</b>	Country <b>LAKE</b>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> 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: **Morrison, Fred A**  
 Street Address (P.O. Box Number is Not Acceptable): **1000 west main Street**  
 City: **Leesburg** FL Zip Code: **32748**

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]* **Fred A. Morrison, Registered Agent** DATE: **1/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>WHITT, JOHN F</b> <b>121 GRIFFIN VIEW DR.</b> <b>LADY LAKE FL 32159</b>
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
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
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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]* **SIGNATURE REQUIRED John F Whitt 1/9/02 352 259-3636**  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

02/04/2002 09:01:08 AM CR2E083 (9/01)