

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007140

Entity Name  
HOG NAG, L.L.C.

FILED

01 MAR 23 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1800 SECOND ST  
SUITE 965  
SARASOTA FL 34236

1800 SECOND ST  
SUITE 965  
SARASOTA FL 34236

2. Principal Place of Business  
1800 Second St.

3. Mailing Address 1800 Second St

Suite, Apt. #, etc.  
Suite 965

Suite, Apt. #, etc. 965

City & State  
Sarasota, Florida

City & State  
Sarasota, Florida

4. FEI Number

Applied For

☒ Not Applicable

Zip  
34236

Country  
U.S.A.

Zip  
34236

Country  
U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPECTOR, RONALD L  
1800 SECOND ST  
SUITE 965  
SARASOTA FL 34236

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

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
RONALD L. SPECTOR  
1800 Second St. #965  
Sarasota, FL 34236 ☐ 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  
600003930146 ☐ Change ☐ Addition  
-03/29/01--01095--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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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: *Ronald L. Spector*

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

RONALD L. SPECTOR, MGR.

3/8/01

941-365-0969

Date

Daytime Phone #

CR2E083 (11/00)