

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000007371

1. Entity Name  
L.N. HASTINGS, LLC

FILED  
01 MAR 14 PM 4: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
115 LAKE WINNEMISSETT DRIVE  
DELAND FL 32724

Mailing Address  
115 LAKE WINNEMISSETT DRIVE  
DELAND FL 32724

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

3. Mailing Address  
1603 Wildcat Ct.  
Suite, Apt. #, etc.

City & State  
Winter Springs, FL

Zip  
32708-3854

Country  
Seminde

4. FEI Number  
59-3677312

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WANDS, THOMAS F  
115 LAKE WINNEMISSETT DRIVE  
DELAND FL 32724

7. Name and Address of New Registered Agent  
Name  
Lawrence P. Hastings, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1603 Wildcat Ct.  
City  
Winter Springs FL Zip Code  
32708-3854

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 *Lawrence P. Hastings, Jr.* - Lawrence P. Hastings, Jr. - President 2/12/01  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director Lawrence P. Hastings, Jr. 1603 Wildcat Ct. Winter Springs, FL 32708-3854	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and Treasurer Nancy W. Hastings 1603 Wildcat Ct. Winter Springs, FL 32708-3854	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Director Thomas F. Wands 115 Lake Winnemissett Dr. DeLand, FL 32724	<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

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: *Lawrence P. Hastings, Jr.* 3/11/01 407-365-4718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)