

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0024467 AF

DOCUMENT # L00000007523

1. Entity Name
HOLLOWAY FINANCIAL ADVISORS, LLC

01 APR 20 AM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1405 N.W. 13TH STREET
GAINESVILLE FL 32601

Mailing Address
1405 N.W. 13TH STREET
GAINESVILLE FL 32601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3652867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLLOWAY, SAMUEL N JR.
1405 N.W. 13TH STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

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

TITLE: President
NAME: Samuel N. Holloway Jr.
STREET ADDRESS: 1405 NW 13 St
CITY-ST-ZIP: Gainesville, FL 32601

TITLE: Vice President
NAME: Samuel N. Holloway
STREET ADDRESS: 1405 NW 13 St
CITY-ST-ZIP: Gainesville, FL 32601

TITLE: Sec/Treas.
NAME: Caroline Holloway
STREET ADDRESS: 1405 NW 13 Street
CITY-ST-ZIP: Gainesville, FL 32601

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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STREET ADDRESS:
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

Date

Daytime Phone #

4/17/01 352377-2078

CR2E083 (11/00)