

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90025 028 ****50.00

DOCUMENT # L00000007523

1. Entity Name

HOLLOWAY FINANCIAL ADVISORS, LLC



Principal Place of Business

**500 NW 43 STREET
SUITE 3
GAINESVILLE FL 32607**

Mailing Address

**500 NW 43 STREET
SUITE 3
GAINESVILLE FL 32607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3652867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**500 NW 43rd Street
Suite 3**

City **Gainesville**

FL

Zip Code

32607

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **HOLLOWAY, SAMUEL N JR.**
STREET ADDRESS **500 NW 43 STREET - SUITE 3**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **V** ☐ Delete
NAME **HOLLOWAY, SAMUEL N**
STREET ADDRESS **500 NW 43 STREET -SUITE 3**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **ST** ☐ Delete
NAME **HOLLOWAY, CAROLINE**
STREET ADDRESS **500 NW 43 STREET - SUITE 3**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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]*

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

Date

Daytime Phone #

3/19/2003

352-377-2078

CR2E083 (10/02)