

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010156

1. Entity Name
THE EXECUTIVE CENTER OF GAINESVILLE, L.C.

FILED

01 MAY 21 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4131 N.W. 13TH STREET
GAINESVILLE FL 32609

Mailing Address

4131 N.W. 13TH STREET
GAINESVILLE FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0233045

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

HOE, ROY A III
4131 N.W. 13TH STREET
GAINESVILLE FL 32609

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
MGRM
HOE, ROY A III
4131 N.W. 13TH STREET
GAINESVILLE FL 32609 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROWAN, DONALD L TRUSTEE
8845 SOUTH CAPELLA WAY
SANDY-UT-84093 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROWAN, DIANE V TRUSTEE
8845 SOUTH CAPELLA WAY
SANDY UT 84093 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004422846-9
-06/15/01--01040--006
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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:

[Signature]

Roja A. Hoe III

4/26/01 (352) 312-1535

CR2E083 (11/00)