

2001 UNIFORM BUSINESS REPORT (UBR)

0024563 AF

DOCUMENT # L00000014094

1. Entity Name
FTAL HAWTHORNE, L.C.

FILED

01 FEB 21 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~XXXXXX 800 N 18TH AVE~~
~~XX GAINESVILLE FL 32607~~

~~XX 511 S.W. 88TH TERRACE~~
~~XX GAINESVILLE FL 32607~~

2. Principal Place of Business
4423 NW 6TH PLACE

3. Mailing Address
4423 NW 6TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip
32607

Country

Zip
32607

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

7. Name and Address of New Registered Agent

FINLAYSON, GORDON C

~~XX 511 S.W. 88TH TERRACE~~
~~XX GAINESVILLE FL 32607~~

Name

Street Address (P.O. Box Number is Not Acceptable)
4423 NW 6TH PLACE

SUITE A

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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-02/27/01--01030--007

*****50.00 *****50.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS FINLAYSON, GORDON C
CITY-ST-ZIP 711 S.W. 88TH TERRACE
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE
NAME MGRM
STREET ADDRESS TARRANT, DARRELL G
CITY-ST-ZIP 6134 N.W. 13TH PLACE
GAINESVILLE FL 32605 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE
NAME MGRM
STREET ADDRESS ALFINO, PAUL A
CITY-ST-ZIP 4423 N.W. 6TH STREET
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE
NAME MGRM
STREET ADDRESS LOPEZ-NIETO, CARLOS E
CITY-ST-ZIP 4423 N.W. 6TH PLACE, SUITE A
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4423 NW 6TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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 #

2/13/01

CR2E083 (11/00)