

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90271 042 \*\*\*\*50.00

**DOCUMENT # L00000014515**

1. Entity Name

**HUGHES FAMILY REAL ESTATE, LLC**

Principal Place of Business

**5009 SW OAKWOOD AVE  
 ARCADIA FL 34266**

Mailing Address

**5009 SW OAKWOOD AVE  
 ARCADIA FL 34266**

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

**26-5822485**

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

**HUGHES, GEORGE W  
 5009 SW OAKWOOD AVE  
 ARCADIA FL 34266**

Name

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

City

**FL 34266**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, GEORGE W</b>	
STREET ADDRESS	<b>5009 SW OAKWOOD AVE.</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, SUZANNE N</b>	
STREET ADDRESS	<b>5009 SW OAKWOOD AVE</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

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

Date

Daytime Phone #

**4/16/02**

CR2E083 (9/01)