

2001 UNIFORM BUSINESS REPORT (UBR)

0023375 AF

DOCUMENT # L00000014601

1. Entity Name
HOLP ENTERPRISES, LLC

FILED

01 MAY -1 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
840 S. GRAND HIGHWAY, APT. 31 D
CLERMONT FL 34711

Mailing Address
P.O. BOX 120402
CLERMONT FL 34712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
322 Heather Hills Drive
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Clermont, Florida

City & State

4. FEI Number
59-3682680

Applied For
Not Applicable

Zip 34711 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLDER, CARLYLE I
840 S. GRAND HIGHWAY, APT. 31 D
CLERMONT FL 34711

7. Name and Address of New Registered Agent
Name Carlyle I. Holder
Street Address (P.O. Box Number is Not Acceptable)
322 Heather Hills Drive
City Clermont FL Zip Code 34711

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 DATE 4/24/01

Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

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 HOLDER, CARLYLE I 840 S. GRAND HIGHWAY, APT. 31 D CLERMONT FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Carlyle I. Holder 322 Heather Hills Drive Clermont, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OLADUNMOYE, YEMI 2875 W. 23RD STREET BROOKLYN NY 11224 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800004271878-3 -05/18/01--01111--011 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LOCKETT, CHARLES 133 TREMONT DRIVE BEREA KY 40403 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PEARSON, BRUCE A 1620 E. COUNTYLINE ROAD RIDGEWOOD MS 39157 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01 352-243-7234
Date Daytime Phone #

CR2E083 (11/00)