

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015640

1. Entity Name

HCH HOLDINGS, LLC

Principal Place of Business 2835 HWY 60 EAST
BARTON, FL 33830

Mailing Address P.O. Box 1881
BARTON, FL 33831

2. Principal Place of Business 2835 HWY 60 EAST

3. Mailing Address P.O. Box 1881

Suite, Apt. #, etc.

City & State BARTON FLORIDA

City & State BARTON FLORIDA

Zip 33830 **Country** USA

Zip 33831 **Country** USA

4. FEI Number 58-2590271

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

FILED

01 AUG 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 *Roy Caselton* **PRESIDENT, HCH HOLDINGS, LLC.**

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

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

9. MANAGING MEMBERS/MEMBERS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | VICE PRESIDENT/SECRETARY | <input type="checkbox"/> Delete |
| NAME | KENNEDY M. HEIDEL | |
| STREET ADDRESS | 1987 HWY 17 SOUTH | |
| CITY-ST-ZIP | BARTON FL 33830 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Delete |
| NAME | KERRY L. HAMMOCK | |
| STREET ADDRESS | P.O. BOX 1099 | |
| CITY-ST-ZIP | BARTON FL 33831 | |
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | ROY CASELTON | |
| STREET ADDRESS | P.O. BOX 707 | |
| CITY-ST-ZIP | PALMETTO GA 30268 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| 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: *Roy Caselton* **PRESIDENT, HCH HOLDINGS, LLC** **7-27-2001** **863 519 7134**

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

Date Daytime Phone #

CR2E083 (11/00)