

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003963

1. Entity Name

HJ FAMILY, LLC

Principal Place of Business

3115 WEST BAY TO BAY BOULEVARD
TAMPA FL 33629

Mailing Address

3115 WEST BAY TO BAY BOULEVARD
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RADKE, HEATHER M
3115 WEST BAY TO BAY BOULEVARD
TAMPA FL 33629

4. FEI Number

59-3705290

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

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

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

TITLE MGR. ☐ Delete
NAME Radke, Heather M.
STREET ADDRESS 3115 BAY TO BAY BLVD.
CITY-ST-ZIP TAMPA, FL 33629

TITLE MGR. ☐ Delete
NAME GRIFFIN, JONIQUE
STREET ADDRESS 6012 MURRAY HILL DR.
CITY-ST-ZIP TAMPA, FL 33615

TITLE MGR. ☐ Delete
NAME ELKINS, JOAN
STREET ADDRESS 4346 Radcliffe DR.
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ 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: Heather M. Radke

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

Date

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

02-05-2002 90060 025 ****50.00

83340



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

813-

835-4299

1/23/02