

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000011324

1. Entity Name
STUHAR DEVELOPMENT, L.L.C.



Principal Place of Business
4102 CAUSEWAY BLVD.
TAMPA, FL 33619

Mailing Address
4102 CAUSEWAY BLVD.
TAMPA, FL 33619

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

59-3730104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

FILED

03 APR 16 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

GRAY, MARGARET R
4102 CAUSEWAY BLVD.
TAMPA, FL 33619

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when submitting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
STREET ADDRESS HCH HOLDINGS, INC.
CITY-STATE-ZIP 4890 WEST KENNEDY #260
TAMPA, FL 33609 ☒ Delete

TITLE NAME MGR
STREET ADDRESS SMITH, STEWART G
CITY-STATE-ZIP 4102 CAUSEWAY BLVD.
TAMPA, FL 33619 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Change ☒ Addition
STREET ADDRESS William Stauduhar
CITY-STATE-ZIP 1560 CRAIG AVE.
WINTER PARK, FL 32789

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:

Stewart R. Smith

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

Date

4/10/03 (813)241-2586

Daytime Phone

CR2003 (10/02)

600016090686
04/16/03--01016--019 **50.00