

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90271 011 \*\*\*\*55.00

0030764

**DOCUMENT # L01000017471**

1. Entity Name  
**HAWK'S LANDING OF SEBRING, LLC**

Principal Place of Business  
**6310 SW 9TH PL.  
 N. LAUDERDALE FL 33068**

Mailing Address  
**6310 SW 9TH PL.  
 N. LAUDERDALE FL 33068**

**967320**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2649 NE 27 TERR**

3. Mailing Address  
**2649 NE 27 TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT LAUDERDALE**

City & State  
**FT LAUDERDALE**

4. FEL Number  
**65-1149565**

Applied For  
 Not Applicable

Zip  
**33306**

Country  
**USA**

Zip  
**33306**

Country  
**USA**

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

**ALBERT, PETER A  
 6310 SW 9TH PL.  
 N. LAUDERDALE FL 33068**

Name  
**PETER A. ALBERT**

Street Address (P.O. Box Number Not Acceptable)  
**2649 NE 27 TERR**

City & State  
**FT. LAUDERDALE FL 33306**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/02**

**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	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
	<b>MANAGING MEMBER</b>	<b>DR COREY STEIN</b>	<b>404 WINDSOR PL.</b>		<input checked="" type="checkbox"/> Addition
		<b>OCEANSIDE, NY 11572</b>			

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

Date

Daytime Phone #

**4/10/02 954-914-2906**

CR2E083 (9/01)