

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

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90062 036 ****55.00

DOCUMENT # L01000021597

1. Entity Name

HACKLAKE MINERALS, LLC

DO NOT WRITE IN THIS SPACE

926015

2. Principal Place of Business

2300 N. SCENIC HWY

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 80017

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WALES, FL

City & State
INDIANAPOLIS, IN

4. FEI Number
FIN 60-0002386

Applied For
Not Applicable

Zip
33853

Country
FLORIDA

Zip
46280

Country
INDIANA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DONALD H. WILSON, JR

Street Address (P.O. Box Number is Not Acceptable)

245 SOUTH CENTRAL AVE

City
BARTON

FL Zip Code
33830

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
A. J. HACKL
2300 N. SCENIC HWY
LAKE WALES, FL, 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
A. J. HACKL, JR
P.O. Box 80017
INDIANAPOLIS, IN, 46280

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 A. J. HACKL (A. J. HACKL), MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/12/02 863-676
725-4
Date Daytime Phone #

CR2E083B (12/01)