

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90749 035 \*\*\*\*50.00

**DOCUMENT # L02000003465**

1. Entity Name  
**HOME SAVINGS PROGRAM, LLC**



Principal Place of Business  
**600 SW 10TH STREET  
SUITE 204  
OCALA FL 34474  
US**

Mailing Address  
**600 SW 10TH STREET  
SUITE 204  
OCALA FL 34474  
US**



2. Principal Place of Business

**128 SW MARION OAKS  
SUITE 107**

3. Mailing Address

**SAME**

☐ CHECK HERE IF MAKING CHANGES

City & State

**OCALA FL**

City & State

**SAME**

4. FEI Number

**13-4207163**

Applied For

Not Applicable

Zip

Country

**34473 MARION**

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEVENS, RUSSELL  
600 SW 10TH STREET  
SUITE 204  
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name **Sue Vivian**  
Street Address (P.O. Box Number is Not Acceptable)  
**128 SW MARION OAKS BLVD  
SUITE 107**  
City **OCALA** FL **34473**

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]*

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR**  
NAME **HOME SAVINGS PROGRAM MANAGEMENT CORP.**  
STREET ADDRESS **600 SW 10TH STREET, SUITE 204**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **Sue Vivian, Manager**  
NAME **Home Savings Program Management Corp**  
STREET ADDRESS **128 SW Marion Oaks Blvd #107**  
CITY-ST-ZIP **OCALA, FL 34473**

TITLE  
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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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)