

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State
09-22-2003 90102 031 ****50.00

0005983

DOCUMENT # L02000005502

1. Entity Name
HOTTIES ALTAMONTE, LLC



Principal Place of Business
**400 STATE ROAD 436 WEST
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**400 STATE ROAD 436 WEST
ALTAMONTE SPRINGS FL 32714**

50137007



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

01-0599124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311**

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 fee 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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CRUTCHFIELD PAUL**
STREET ADDRESS **2061 HICKORY SPGS RD**
CITY-ST-ZIP **BURNSVILLE, NC 28714**

TITLE **MGR** ☐ Delete
NAME **HANCE, KENT R.**
STREET ADDRESS **3448 GRANADA**
CITY-ST-ZIP **UNIVERSITY PARK, TX 75205**

TITLE **MGR** ☐ Delete
NAME **CLEMENT BILL**
STREET ADDRESS **8443 EGGLET MEADOW LANE**
CITY-ST-ZIP **WEST PALM BCH, FL 33412**

TITLE **MGR** ☐ Delete
NAME **DILL ROBERT**
STREET ADDRESS **3921 MCFARLAND BLVD**
CITY-ST-ZIP **DALLAS, TX 75205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **UNGARD, RICHARD**
STREET ADDRESS **5413 SHINGLE CREEK DR**
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE **MGR** ☐ Change ☒ Addition
NAME **CRUTCHFIELD, CHRIS**
STREET ADDRESS **56 ROSSIGNOL CIRCLE**
CITY-ST-ZIP **SACRAMENTO, CA 95833**

TITLE **MGR** ☐ Change ☒ Addition
NAME **HIGHTOWER, JACK**
STREET ADDRESS **15 WINCHESTER CT.**
CITY-ST-ZIP **MIDLAND, TX 79705**

TITLE **MGR** ☐ Change ☒ Addition
NAME **KEITH, STEVEN**
STREET ADDRESS **819 VULCAN RD/HASKELL**
CITY-ST-ZIP **BENTON, AK 72015**

TITLE **MGR** ☐ Change ☒ Addition
NAME **MONTNA, ALFRED**
STREET ADDRESS **678 STEWART RD**
CITY-ST-ZIP **YUBA CITY, CA 95991**

TITLE **MGR** ☐ Change ☒ Addition
NAME **RUE, MICHAEL**
STREET ADDRESS **2638 HOFFMAN RD.**
CITY-ST-ZIP **MARYSVILLE, CA 95901**

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 #

CR2E083 (4/03)