

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

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90084 046 ****50.00

DOCUMENT # L02000019413



1. Entity Name
SUNBELT AT HILTON HEAD, L.C.

Principal Place of Business
**C/O JACK O. HACKETT II, ESQ.
89 NESBIT STREET
PUNTA GORDA FL 33950**

Mailing Address
**C/O JACK O. HACKETT II, ESQ.
89 NESBIT STREET
PUNTA GORDA FL 33950**

44001817



2. Principal Place of Business
c/o Jack F. Stephenson
Suite, Apt. #, etc.
100 Madrid Blvd., #212
City & State
Punta Gorda, FL

3. Mailing Address
c/o Jack F. Stephenson
Suite, Apt. #, etc.
100 Madrid Blvd., #212
City & State
Punta Gorda, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3730297 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HACKETT, JACK O II, ESQ
FARR, FARR, EMERICH, SIFRT, ET AL
89 NESBIT STREET
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent
Name
Jack F. Stephenson
Street Address (P.O. Box Number is Not Acceptable)
100 MADRID BLVD. STE. 213
City
PUNTA GORDA **FL** Zip Code
33950

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]* **Jack F. Stephenson**
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Change ☒ Addition JACK F. STEPHENSON 100 MADRID BLVD. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Change ☒ Addition ALFRED M. JOHNS 100 MADRID BLVD. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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)(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]* **Jack F. Stephenson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)