

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000316

1. Entity Name
HIERBAUM PARTNERS, L.C.

FILED

01 MAR -7 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
35 TROPICAL ISLAND LANE
MERRITT ISLAND FL 32952

Mailing Address
214 WATERSIDE DR.
INDIAN HARBOUR BEACH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3370337

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIERBAUM, JUDY K
214 WATERSIDE DR.
INDIAN HARBOR BEACH FL 32937

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HIERBAUM, RANDY P
35 TROPICAL ISLAND LANE
MERRITT ISLAND FL 32952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HIERBAUM, MARK S
11741 WETHERBY LANE
LOS ANGELES CA 90077 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003888012-4
-03/20/01--01043--018
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HIERBAUM, MARSHA J
11741 WETHERBY LANE
LOS ANGELES CA 90077 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HIERBAUM, JUDY K
214 WATERSIDE DRIVE
INDIAN HARBOUR BEACH FL 32937 ☐ 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 *Judy K. Hierbaum* Judy K. Hierbaum

3.3.01 321.777-9550

CR2E083 (11/00)