

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

003 105

DOCUMENT # L96000000575

1. Entity Name

HAWTHORNE REAL ESTATE, L.C.

04-02-2002 90957 013 *****50.00

Principal Place of Business

**102 N. COLLINS STREET
 PLANT CITY FL 33566**

Mailing Address

**102 N. COLLINS STREET
 PLANT CITY FL 33566**

2. Principal Place of Business

108 S. Collins St.

Suite, Apt. #, etc.

3. Mailing Address

108 S. Collins St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Plant City, FL

City & State
Plant City, FL

4. FEI Number **59-3391053**

Applied For
 Not Applicable

Zip
33566

Country
USA

Zip
33566

Country
USA

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

6. Name and Address of Current Registered Agent

**HAWTHORNE, DAVID E
 805 N COLLINS
 PLANT CITY FL 33566**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **HAWTHORNE, DAVID E**
 STREET ADDRESS **805 N COLLINS**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **MGRM** ☐ Delete
 NAME **HAWTHORNE, VICTORIA**
 STREET ADDRESS **805 N COLLINS**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Victoria Hawthorne*

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

Date

(813) 719-3700

Daytime Phone #

CR2E083 (9/01)