

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000851

1. Entity Name
HUBCO, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:02

Principal Place of Business

27 FLETCHER AVENUE
SARASOTA FL 34237

Mailing Address

27 FLETCHER AVENUE
SARASOTA FL 34237

2. Principal Place of Business

6960 PROFESSIONAL PKWY. E.
Suite, Apt. #, etc.

3. Mailing Address

6960 PROFESSIONAL PKWY. E.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SARASOTA

City & State
SARASOTA

4. FEI Number
65-0693684

Applied For
Not Applicable

Zip
34240

Country
SARASOTA

Zip
34240

Country
SARASOTA

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

6. Name and Address of Current Registered Agent

STRASCHNOV, GEORGE J ESQ
27 FLETCHER AVENUE
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name
GEORGE J. STRASCHNOV, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

6960 PROFESSIONAL PKWY EOT

City
SARASOTA

FL

Zip Code
34240

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 GEORGE STRASCHNOV

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/14/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003370005--0
-08/23/00--01092--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HUBCO, LTD.
15 PARADISE PLAZA, BOX 305
SARASOTA FL 34239

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)