

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000159

1. Entity Name  
HTA & ASSOCIATES, L.C.

APPROVED  
AND  
FILED

00 MAY 10 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
201 PARK LANE P.O. BOX 1469  
CRESTVIEW FL 32536 CRESTVIEW FL 32536-7469

250 Jones Rd  
Crestview, FL 32536

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 62-1675574 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

ANDERSON, W G  
201 PARK LANE  
CRESTVIEW FL 32536

HELEN T ANDERSON  
250 Jones Rd  
Crestview, FL 32536

## 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 Helen T. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

5-4-00

DATE

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME ANDERSON, HELEN T  
STREET ADDRESS 250 JONES ROAD  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE MGRM  
NAME ANDERSON, W G  
STREET ADDRESS 201 PARK LANE  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
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:

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

Date

Daytime Phone #

5-4-00 850-682-4043