## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2002 8:00 am Secretary of State DOCUMENT # L9700000374 04-03-2002 90021 044 \*\*\*\*50.00 TAYLOR CREEK HOLDINGS, L.C. Principal Place of Business Mailing Address P.O. BOX 78915 P.O. BOX 78915 CHARLOTTE NC 28271 CHARLOTTE NC 28271 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2328986 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABERNETHY, BRUCE R JR Street Address (P.O. Box Number is Not Acceptable) 900 VIRGINIA AVE SUITE 6 FORT PIERCE FL 34982 Zip Code FL 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, 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 Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ☐ Addition TITLE MGR ☐ Delete TITLE Change NAME HOLLAND CONSTRUCTION CO., INC. NAME STREET ADDRESS STREET ADDRESS P.O. BOX 78915 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28271 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: