

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L9700000455**

1. Entity Name

HOLLEY-BARBER INVESTMENTS, LLC

Principal Place of Business

1025 U.S. HIGHWAY 98, SOUTH
LAKELAND FL 33801

Mailing Address

1025 U.S. HIGHWAY 98, SOUTH
LAKELAND FL 33801

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3451298

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLLEY, MICHAEL R
1025 U.S. HIGHWAY 98, SOUTH
LAKELAND FL 33801**

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE: **MGR**
NAME: **HOLLEY, MICHAEL R**
STREET ADDRESS: **1025 US HIGHWAY 98 SOUTH**
CITY-ST-ZIP: **LAKELAND FL 33801**

Delete

TITLE: **MGR**
NAME: **BARBER, JAMES E**
STREET ADDRESS: **JUNCTION 704 & 220**
CITY-ST-ZIP: **MADISON NC 27025**

Delete

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

Delete

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

Delete

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

Delete

10.

ADDITIONS/CHANGES

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**300004272313-7
-05/21/01-01016-023
*****50.00 *****50.00**

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:

MICHAEL R. HOLLEY

4-27-01

863-688-5541

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

Date

Daytime Phone #

APPROVE
AND
FILED

01 MAY - 1 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)