

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000617

1. Entity Name
HAWK 79248, L.C.

FILED

00 JAN 18 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3308 MIDDLESEX RD.
ORLANDO FL 32803

Mailing Address
3308 MIDDLESEX RD.
ORLANDO FL 32803-1100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3451455

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGNER, WILLIAM H
201 S ORANGE AVENUE
SUITE 640
ORLANDO FL 32801

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS ROGNER, EDWARD P
CITY-ST-ZIP 3308 MIDDLESEX ROAD
ORLANDO FL 32803 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 3000003112239--4
CITY-ST-ZIP -01/27/00--01013--015
*****50.00 ☐ Change ☐ Addition

TITLE NAME MGRM
STREET ADDRESS KEMP, JERRY W
CITY-ST-ZIP 1612 N ORANGE AVE
ORLANDO FL 32804 ☐ Delete

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

TITLE NAME MGRM
STREET ADDRESS HUNTER, CLAUDE G JR
CITY-ST-ZIP P.O. BOX 531166
ORLANDO FL 32853-1166 ☐ Delete

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

TITLE NAME MGRM
STREET ADDRESS HOOD, CHARLES
CITY-ST-ZIP 2120 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

1/14/2002 407-628-177
Date Daytime Phone #