

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001072

1. Entity Name

HB STABLES, LLC

Principal Place of Business

2255 GLADES ROAD, SUITE 324 ATRIUM
BOCA RATON FL 33431

Mailing Address

2255 GLADES ROAD, SUITE 324 ATRIUM
BOCA RATON FL 33431-7382

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BALLEN, SAMUEL D ESQ.
2101 CORPORATE BLVD., SUITE 101
BOCA RATON FL 33431

4. FEI Number

65-0785801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

TITLE MGRM ☐ Delete
NAME BELFORD, HOWARD I
STREET ADDRESS 2255 GLADES ROAD, SUITE 324 ATRIUM
CITY- ST- ZIP BOCA RATON FL 33431

TITLE MGRM ☐ Delete
NAME BELFORD, DEBORAH F
STREET ADDRESS 2255 GLADES ROAD, SUITE 324 ATRIUM
CITY- ST- ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

10.

ADDITIONS/CHANGES

TITLE ☐ Change ☐
NAME 100003118311
STREET ADDRESS -02/01/00-01062-020
CITY- ST- ZIP *****50.00 *****50.00

TITLE ☐ Change ☐
NAME
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CITY- ST- ZIP

TITLE ☐ Change ☐
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TITLE ☐ Change ☐
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 #

FILED

00 JAN 26 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100003118311
-02/01/00-01062-020
*****50.00 *****50.00

1/18/00

561-989-5461