

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001072

1. Entity Name
HB STABLES, LLC

FILED

01 JAN 26 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
2385 NW EXECUTIVE CENTER DR.
Suite, Apt. #, etc. SUITE 100

3. Mailing Address
← SAME
← SAME

City & State
BOCA RATON, FL
← SAME

City & State
← SAME

Zip
← SAME

Country
USA
← SAME

4. FEI Number
65-0785801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000036016005 -01/30/01--01070--011 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)