

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

0017886

**DOCUMENT # L98000000443**

1. Entity Name

**HANBURY EVANS NEWILL VLATTAS VALLADAREZ & COMPANY, L.C.**

05-07-2002 90336 001 \*\*\*\*\*5.00

05-07-2002 90336 002 \*\*\*\*\*50.00

Principal Place of Business

**1115 E. CASS ST.  
TAMPA FL 33602**

Mailing Address

**1115 E. CASS ST.  
TAMPA FL 33602**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**120 ATLANTIC ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NORFOLK, VA**

4. FEI Number **59-3503160**

Applied For

Not Applicable

Zip

Country

Zip

Country

**23510**

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFRIES, DAVID M  
C/O GANTHER & FEE, P.A.  
101 EAST KENNEDY BLVD., STE 1030  
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
NAME **VALLADAREZ, DAVID**  
STREET ADDRESS **1115 E. CASS STREET**  
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **MGRM** ☐ Delete  
NAME **HANBURY EVANS NEWILL VLATTAS & COMPANY**  
STREET ADDRESS **120 ATLANTIC STREET**  
CITY-ST-ZIP **NORFOLK VA 23510**

TITLE ☒ Change ☐ Addition  
NAME **HANBURY EVANS WRIGHT VLATTAS + COMPANY**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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:

**DAVID M. JEFFRIES**

**AUTHORIZED REPRESENTATIVE 3/25/02 (707) 321-9600**

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

Date

Daytime Phone #

CR2E083 (9/01)