2000 UNIFORM BUSINESS REPORT (UBR)

FILED L98000000571 DOCUMENT # 1. Entity Name 00 APR 11 PM 1:23 HUNTER CREEK, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1601 HUNTER CREEK DRIVE 1601 HUNTER CREEK DRIVE PUNTA GORDA FL 33982 PUNTA GORDA FL 33982-1133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0859068 Not Applicable Country Zìp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ** *6." Name and Address of Current Registered Agent Name LEONETTE, JOHN Street Address (P.O. Box Number is Not Acceptable) 1601 HUNTER CREEK DRIVE **PUNTA GORDA FL 33982** Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition MGR ☐ Change ☐ Delete TITLE TITLE LEONETTE, JOHN NAME NAME **6 LEELAND ROAD** STREET ADDRESS STREET ADDRESS **NEWBURGH NY 12550** CITY-ST-ZIP CITY-21-71P Change Addition TITLE ☐ Delete TITLE 500003223115----04/25/00--01067--011 MAME ESPOSITO, FRED MAME STREET ADDRESS 741 ALEXANDER ROAD STREET ADDRESS *****50.00 *****50.00 CITY-ST-ZIP CITY-ST-ZIP PRINCETON NJ 08540 Change Addition TITLE ☐ Defets TITI F NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZZP CITY- 2T- ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-87-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

URE AND TYPED OR PRINTED

SIGNATURE:

941-637-5757

Daytime Phone #