

2001 UNIFORM BUSINESS REPORT (UBR)

0006 32 175

DOCUMENT # **L98000001459**

FILED

1. Entity Name
HILLCREST FINANCIAL SERVICES, L.L.C.

01 APR 16 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
110 E. HILLCREST STREET
ORLANDO FL 32801-1210

Mailing Address
110 E. HILLCREST STREET
ORLANDO FL 32801-1210



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **59-3373047** 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
GRAHAM & COTTRILL, P.A.
110 E. HILLCREST STREET
ORLANDO FL 32801-1210

7. Name and Address of New Registered Agent
Name **Michael E. Batts**
Street Address (P.O. Box Number is Npt Acceptable)
110 E. Hillcrest St.
City **Orlando** FL Zip Code **32801**

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 *Michael E. Batts* **Michael E. Batts** DATE **1-8-2001**
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

700004078057--2
-04/25/01--01085--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, DAVID W 110 E. HILLCREST STREET ORLANDO FL 32801-1210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COTTRILL, CHRISTOPHER L 110 E. HILLCREST STREET ORLANDO FL 32801-1210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, HARRY C JR. 110 E. HILLCREST STREET ORLANDO FL 32801-1210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATTIS, MICHAEL E 110 E. HILLCREST STREET ORLANDO FL 32801-1210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSTETTER, H. BLAKE 110 E. HILLCREST STREET ORLANDO FL 32801-1210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURANCEAU, BONNIE B 110 E. HILLCREST STREET ORLANDO FL 32801-1210	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael E. Batts* **Michael E. Batts** DATE **1-8-2001** DAYTIME PHONE # **907-843-1681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)