

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001622

1. Entity Name

HISTORICAL ARTIFACTS MUSEUM, L.L.C.

FILED

00 APR 11 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1400 BROADWAY BLVD., SOUTH EAST
POLK CITY FL 33868

Mailing Address

1400 BROADWAY BLVD., SOUTH EAST
POLK CITY FL 33868-9109

2. Principal Place of Business

1400 Broadway Blvd. SE
Suite, Apt. #, etc.

3. Mailing Address

1400 Broadway Blvd SE
Suite, Apt. #, etc.

City & State

Polk City, FL

Zip

33868

Country

USA

City & State

Polk City, FL

Zip

33868

Country

USA

4. FEI Number

59-3511340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2607

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 NAME MGR WEEKS, KERMIT
STREET ADDRESS 1400 BROADWAY BLVD., SOUTH EAST
CITY- ST- ZIP POLK CITY FL 33868 ☐ Delete

TITLE NAME MGR MARCILLE, DOUG
STREET ADDRESS 501 BRICKELL KEY DRIVE
CITY- ST- ZIP MIAMI FL 33131 ☒ Delete

TITLE NAME MGR KOUZNETSOV, VICTOR
STREET ADDRESS 1400 BROADWAY BLVD., SOUTH EAST
CITY- ST- ZIP POLK CITY FL 33868 ☐ Delete

TITLE NAME MGR HEFLIN, TALMADGE
STREET ADDRESS 7419 SOUTH KIRKWOOD, SUITE B-1
CITY- ST- ZIP HOUSTON TX 77072-3301 ☐ 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
600003223136-1
-04/25/00--01067--023
*****50.00 *****50.00

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

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

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 #

2/21/00 863-984-0069

CR2E083 (9/99)