

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90052 038 \*\*\*\*50.00

**DOCUMENT # L98000002278**

1. Entity Name

**WOLFF, HILL, MCFARLIN & HERRON, L.L.C.**

Principal Place of Business

**1851 W. COLONIAL DRIVE  
ORLANDO FL 32804**

Mailing Address

**1851 W. COLONIAL DRIVE  
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3537136**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, PETER N  
1851 W. COLONIAL DRIVE  
ORLANDO FL 32804**

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.

**KENNETH D. HERRON, JR.**

(NOTE: Registered Agent signature required when reinstating)

**2/4/02**

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  
NAME**MGRM  
WOLFF, FRANK M  
1851 W. COLONIAL DRIVE  
ORLANDO FL 32804**☐ DeleteTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME**MGRM  
HILL, PETER N  
1851 W. COLONIAL DRIVE  
ORLANDO FL 32804**☐ DeleteTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME**MGRM  
MCFARLIN, DAVID R  
1851 W. COLONIAL DRIVE  
ORLANDO FL 32804**☐ DeleteTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME**MGRM  
HERRON, KENNETH D JR.  
1851 W. COLONIAL DRIVE  
ORLANDO FL 32804**☐ DeleteTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME☐ DeleteTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME☐ DeleteTITLE  
NAMESTREET 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:

**KENNETH D. HERRON, JR.**

Date

Daytime Phone #

CR2E083 (9/01)