

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002351

1. Entity Name
HEP-2-COL, L.C.

APPROVED
AND
FILED

00 APR 18 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O HALVORSEN DEVELOPMENT CORPORATION
33 S.E. 4TH STREET, SUITE 100
BOCA RATON FL 33432

Mailing Address
C/O HALVORSEN DEVELOPMENT CORPORATION
33 S.E. 4TH STREET, SUITE 100
BOCA RATON FL 33432-6013



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3542006

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALVORSEN, JEFFREY T C/O HALVORSEN DEVELOPMENT CORPORATION 33 SE 4TH STREET, SUITE 100 BOCA RATON FL 33432		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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HALVORSEN HOLDINGS, INC. 33 SE 4TH STREET, SUITE 100 BOCA RATON FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GOMEZ, BARRY 1100 5TH AVENUE SOUTH, SUITE 401 NAPLES FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GOMEZ, BRUCE 1100 5TH AVENUE SOUTH, SUITE 401 NAPLES FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET 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: [Signature] **SIGNATURE REQUIRED** 4-14-00 941-263-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)