

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002419

1. Entity Name

HATTLER'S PLANTATION, LLC

FILED

Principal Place of Business

Mailing Address

41180 SNAPPER CREEK ROAD
CORAL GABLES FL 33156

11180 SNAPPER CREEK ROAD
CORAL GABLES FL 33156

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10705 SNAPPER CREEK ROAD

3. Mailing Address

10705 SNAPPER CREEK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

4. FEI Number

65-0873277

Applied For

Not Applicable

Zip

33156

Country

Zip

33156

Country

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

HATTLER, RICHARD MCA.
11180 SNAPPER CREEK ROAD
CORAL GABLES FL 33156

Name HATTLER, RICHARD MSA.

Street Address (P.O. Box Number is Not Acceptable)

10705 SNAPPER CREEK ROAD

City

CORAL GABLES

FL

Zip Code

33156

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

Richard Hattler
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

400004488594--1

-07/20/01--01115--008

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CHESTERFIELD CAPITAL CORPORATION
STREET ADDRESS 11180 SNAPPER CREEK ROAD
CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete

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

TITLE
NAME 10705
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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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.

Chesterfield CAPITAL CORPORATION

SIGNATURE: *by: Richard Hattler, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/01 305.278-8400

Date Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE