2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003340

1. Entity Name
HARDEE-HOLOPAW GROVES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:09

Principal Place of Business	Mailing Address
568 POPASH ROAD	568 POPASH ROAD
WAUCHULA FL 33873	WAUCHULA FL 33873-4349

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 65-0883106	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	**7.** Name and Address of New Registered Agent
JONES, EMERSON R SR. 568 POPASH ROAD WAUCHULA FL 33873	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		**10.** ADDITIONS/CHANGES	
TITLE MGR **NAME** JONES, EMERSON R SR. **STREET ADDRESS** 568 POPASH ROAD **CITY-ST-ZIP** WAUCHULA FL 33873	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	2000031613392--8 -03/07/00---01103--002 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE MGR **NAME** EASON, J.W. JR. **STREET ADDRESS** 745 GRIFFIN ROAD **CITY-ST-ZIP** WAUCHULA FL 33873	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	rf 3/2/00 ☐ Change ☐ Addition
TITLE MGR **NAME** JONES, EMERSON R JR. **STREET ADDRESS** 2028 HIGHWAY 17 NORTH **CITY-ST-ZIP** WAUCHULA FL 33873	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE MGR **NAME** EASON, JEFFREY M **STREET ADDRESS** 745 GRIFFIN ROAD **CITY-ST-ZIP** WAUCHULA FL 33873	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE MGR **NAME** EASON, J.W. III **STREET ADDRESS** 745 GRIFFIN ROAD **CITY-ST-ZIP** WAUCHULA FL 33873	☐ 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

CR2F083 (9/99)

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 REQUIRED Emerson R. Jones, Sr   2-15-00   863-773-6129

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