

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003340**

1. Entity Name

HARDEE-HOLOPAW GROVES, L.L.C.

FILED

01 MAR 23 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**568 POPASH ROAD
WAUCHULA FL 33873**

**568 POPASH ROAD
WAUCHULA FL 33873**

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 ☐ Delete
NAME **MGR**
STREET ADDRESS **JONES, EMERSON R SR.**
CITY-ST-ZIP **568 POPASH ROAD
WAUCHULA FL 33873**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **EASON, J.W. JR.**
CITY-ST-ZIP **745 GRIFFIN ROAD
WAUCHULA FL 33873**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003930971-0
-03/30/01--01036--001
*******50.00 *****50.00**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **JONES, EMERSON R JR.**
CITY-ST-ZIP **2028 HIGHWAY 17 NORTH
WAUCHULA FL 33873**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **EASON, JEFFREY M**
CITY-ST-ZIP **745 GRIFFIN ROAD
WAUCHULA FL 33873**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **EASON, J.W. III**
CITY-ST-ZIP **745 GRIFFIN ROAD
WAUCHULA FL 33873**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-21-01 863-773-6129

Date

Daytime Phone #

CR2E083 (11/00)