

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003361

1. Entity Name

HR VENTURES, L.C.

FILED

01 MAY -2 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

328 US HWY 84 E
CAIRO GA 31728

PO BOX 508
CAIRO GA 31728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3549182

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

HAMPTON, LANCE
7110 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312

Name

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

City

2319 Gates Dr
Tallahassee

FL

Zip Code

32312

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HILL, EUGENE G
7110 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1473 Crine Blvd
Cairo, GA 31728 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REEVES, TONY
7110 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
231 Covington Ave, Apt B 213
Thomasville, GA 31792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004288130--0
-05/22/01--01116--015 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*****50.00 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/01

229-377-3922

CR2E083 (11/00)