

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000332

1. Entity Name

HOLLY WILLIAMSON INVESTMENTS #10, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

*mf*

Principal Place of Business

C/O 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400  
MIAMI FL 33131

Mailing Address

C/O 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400  
MIAMI FL 33131



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

65-0913045

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

VALDES-FAULI CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BOULEVARD, SUITE 3400  
MIAMI FL 33131-1897

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME HOLLY, WILLIAM  
STREET ADDRESS 1931 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE MGR  
NAME Holly, William  
STREET ADDRESS 2210 SW 28th St.  
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ Change ☐ Addition

TITLE MGR  
NAME WILLIAMSON, JEFFREY  
STREET ADDRESS 2210 SW 28TH STREET  
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE  
NAME 700003408607--7  
STREET ADDRESS -09/28/00--01098--018  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*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

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)