

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000509

1. Entity Name
HALCYON, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 11:02

Principal Place of Business
703 HAWKSVILLE ISLAND DRIVE
SATELLITE BEACH FL 32937

Mailing Address
703 HAWKSVILLE ISLAND DRIVE
SATELLITE BEACH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7612 Emerald DRIVE
Suite, Apt. #, etc.

3. Mailing Address
703 Hawksbill Isl. Dr.
Suite, Apt. #, etc.

City & State
Melbourne FL

City & State
SATELLITE BEACH

4. FEI Number
59 3557046

Applied For
Not Applicable

Zip Country
32904 Brevard

Zip Country
32937 Brevard

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

ROSZEL, DANIEL C
7612 EMERALD DRIVE
MELBOURNE FL 32904

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 Daniel C Roszel DANIEL C. ROSZEL General Manager 10/10/00
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 NAME ☐ Delete
MGR
ROSZEL, DANIEL C
STREET ADDRESS
703 HAWKSVILLE ISLAND DRIVE
CITY-ST-ZIP
SATELLITE BEACH FL 32937

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
400003428504--5
-10/18/00--01030--012
****150.00 ****150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Daniel C Roszel REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

10/10/00

Date

321-726-1851

Daytime Phone #

CRZE083 (5/00)