

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90039 006 ****55.00

DOCUMENT # L99000000620

1. Entity Name
HC ACQISTION, L.L.C.

Principal Place of Business

**101 W. PALMETTO
 ARCADIA FL 34266**

Mailing Address

**101 W. PALMETTO
 ARCADIA FL 34266**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1201 W. OAK ST.

Suite, Apt. #, etc.

1201 W. OAK ST.

City & State

ARCADIA FL

City & State

ARCADIA FL

Zip

34266

Country

USA

Zip

34266

Country

USA

4. FEI Number

59-3554816

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLDER, HAROLD D JR.
 15333 FLIGHT PATH DRIVE
 BROOKSVILLE FL 34609**

7. Name and Address of New Registered Agent

Name **HAROLD D HOLDER JR**

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

6 S. PARKER AVE

City **ARCADIA**

FL

Zip **34266**

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] **Harold D Holder Jr**

4-19-02

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **HOLDER, HAROLD D JR.**
 STREET ADDRESS **15333 FLIGHT PATH DRIVE**
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME **6 S. PARKER AVE**
 STREET ADDRESS **ARCADIA FL 34266**
 CITY-ST-ZIP

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

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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] **Harold D Holder Jr** **4-19-02** **8639932871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)