

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001033

1. Entity Name

HB HOLDINGS OF SOUTHWEST FLORIDA, LLC

Principal Place of Business

C/O EURO/FLORIDA FUNDINGS, INC.
1331 OLD OAK LANE
NAPLES FL 34110

Mailing Address

C/O EURO/FLORIDA FUNDINGS, INC.
1331 OLD OAK LANE
NAPLES FL 34110-4125

2. Principal Place of Business

800 Seagate Drive
Suite, Apt. #, etc.
Suite 203

3. Mailing Address

800 Seagate Drive
Suite, Apt. #, etc.
Suite 203

City & State

Naples, FL

City & State

Naples FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

59-3565443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CLASP INC
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name Kyle N. Williamson
Street Address (P.O. Box Number is Not Acceptable)
c/o Chastang Ferrell Sims & Eiserman LLC
4001 Tamiami Trail N., Suite 285
City Naples FL Zip Code 34103

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

4/25/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME EURO/FLORIDA FUNDINGS, INC.
STREET ADDRESS 1331 OLD OAK LANE
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 800 Seagate Drive, Suite 203
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Change ☐ Addition
NAME 000003256130
STREET ADDRESS -05/17/00--01081--016
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

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

MICHAEL BAUMS - MGR

Date

4/27/2000

Daytime Phone #

941-403-3898

CR2E083 (9/99)