

2001 UNIFORM BUSINESS REPORT (UBR)

0020464 AF

DOCUMENT # L99000001033

1. Entity Name

HB HOLDINGS OF SOUTHWEST FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 PM 2:43

Principal Place of Business

Mailing Address

800 SEAGATE DRIVE, SUITE 203
NAPLES FL 34103

800 SEAGATE DRIVE, SUITE 203
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

3521 Bonita Bay Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs

City & State

Zip

Zip

Country

Country

FL

FL

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

7. Name and Address of New Registered Agent

WILLIAMSON, KYLE N

C/O CHASTING FERRELL SIMS & EISMAN LLC

4001 TAMiami TRAIL NORTH, SUITE 285

NAPLES FL 34103

Name

Antonio Faga

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

375 Twelfth Avenue South

City

Naples, FL 34102

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/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS EURO/FLORIDA FUNDINGS, INC.
CITY-ST-ZIP 800 SEAGATE DRIVE, SUITE 203
NAPLES FL 34103 ☐ Delete

TITLE NAME Euro-Florida Fundings, Inc. ☒ Change ☐ Addition
STREET ADDRESS 3521 Bonita Bay Blvd.
CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003929998--9
CITY-ST-ZIP -03/29/01--01095--007

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

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

Date

Daytime Phone #

3-12-01

CR2E083 (11/00)