

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001262

1. Entity Name  
H.A.K., L.L.C.

APPROVED  
AND  
FILED

00 APR 22 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5263 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109

Mailing Address  
5263 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109-0278



2. Principal Place of Business

3. Mailing Address

5263 FISHER ISLAND DR  
Suite, Apt. #, etc.

5263 FISHER ISLAND DR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MNM

City & State

City & State

FISHER ISLAND, FL

FISHER ISLAND, FL

Zip  
33109

Country  
USA

Zip  
33109

Country  
USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

MCKIBBIN, DAVID A  
555 N.E. 15TH STREET, SUITE 100  
MIAMI FL 33132

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

*George T Anthony* GEORGE T ANTHONY, MGR

4/15/00  
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
ANTHONY, GEORGE T  
5263 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☒ Change ☐ Addition  
5263 FISHER ISLAND DR.

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  
000003244890-4  
-05/09/00--01093--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

*George T Anthony* GEORGE T ANTHONY

4/15/00 (305) 531-9600  
Date Daytime Phone #