

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99/1372

1. Entity Name

HLH Highway 27, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP -5 AM 10:02

Principal Place of Business

904 Main Street  
Windermere, FL 34786

Mailing Address

Post Office Box 730  
Windermere, FL 34786

2. Principal Place of Business

904 Main Street  
Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 730  
Suite, Apt. #, etc.

City & State

Windermere, FL 34786

City & State

Windermere, FL

4. FEI Number

59-3562875

Applied For

Not Applicable

Zip  
34786

Country  
USA

Zip  
34786

Country  
USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jeffrey A. Icardi, Esquire  
237 Lookout Place, Suite 100  
Maitland, FL 32751

7. Name and Address of New Registered Agent

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

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

TITLE NAME MGRM ☐ Delete  
NAME Donald M. Huber, Trustee  
STREET ADDRESS Post Office Box 730  
CITY-ST-ZIP Windermere, FL 32786

TITLE NAME MGRM ☐ Delete  
NAME Howard E. Hess  
STREET ADDRESS 4738 Balmoral Way  
CITY-ST-ZIP Marietta, GA 30028

TITLE NAME MGRM ☒ Delete  
NAME Daniel G. LeFever  
STREET ADDRESS 5004 Shelley Court  
CITY-ST-ZIP Orlando, FL 32807

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

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

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

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
NAME 500003390745-7  
STREET ADDRESS -09/12/00--01093--009  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
NAME  
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:

*Donald M. Huber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Donald M. Huber 8/10/00  
Date

407-876-2525  
Daytime Phone #

CR2E083 (11/99)