

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013278 AF

**DOCUMENT #** L99000001505

**1. Entity Name**  
HARCLAND HOLDING GP LLC

FILED

01 APR 19 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
C/O GOODMAN PROPERTIES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 1101E  
WEST PALM BEACH FL 33401

**Mailing Address**  
C/O GOODMAN PROPERTIES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 1101E  
WEST PALM BEACH FL 33401

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** NOT APPLICABLE

**Applied For** Not Applicable

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SHEWALTER, WILLIAM  
C/O GOODMAN PROPERTIES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 1104  
WEST PALM BEACH FL 33401

**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** \_\_\_\_\_ (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 STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1104 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MURRAY H. GOODMAN 777 S. Flagler Drive, Suite 1101E West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004083906-04/27/01--01025--023 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *William A. Shewalter* **William A. Shewalter, V.P.** **4/9/01** **(561) 833-3777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)