

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001556

1. Entity Name

HIGH POINT CAPITAL MANAGEMENT, LLC

Principal Place of Business

1376 TIERRA CIRCLE
WINTER PARK FL 32792

Mailing Address

1376 TIERRA CIRCLE
WINTER PARK FL 32792-2205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAZLEWOOD, MELISSA A
1376 TIERRA CIRCLE
WINTER PARK FL 32792

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 STREET ADDRESS CITY- ST- ZIP
MGRM HAZLEWOOD, MELISSA A
1376 TIERRA CIRCLE
WINTER PARK FL 32792 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGRM HAZLEWOOD, ELISABETH
1376 TIERRA CIRCLE
WINTER PARK FL 32792 ☐ 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 NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
000003219550--5
-04/24/00--01022--005

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

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

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

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

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:

Melissa A. Hazlewood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3.29.2020

Date

407 671 7508

Daytime Phone #

APPROVED
AND
FILED

00 APR -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/18



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)