

2001 UNIFORM BUSINESS REPORT (UBR)

0022656 AF

DOCUMENT # L99000002919

1. Entity Name
HOLLY CENTER, L.L.C.

FILED

01 MAR -5 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
225 WEST MIAMI AVE., SUITE 5
VENICE FL 34285

Mailing Address
~~225 WEST MIAMI AVE., SUITE 5~~
VENICE FL 34285

2. Principal Place of Business

3. Mailing Address
PO BOX 148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NOKOMIS FL

4. FEI Number 65-0920679

Applied For
Not Applicable

Zip

Country

Zip
334274 Country
US

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

MCLAUGHLIN, KATHLEEN L
~~225 WEST MIAMI AVE., SUITE 5~~
~~VENICE FL 34285~~

Name

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

612 W. Laurel Rd

City

NOKOMIS

FL

Zip Code

34275

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
STREET ADDRESS
CITY-ST-ZIP
MGR
CRYSTAL GROUP HOLDINGS, INC.
225 WEST MIAMI AVE., SUITE 5
VENICE FL 34285 ☐ 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
500003888515--3
-03/20/01--01082--003
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Kathleen M. McLaughlin

Kathleen M. McLaughlin 3/1/01 486-0048

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

Date

Daytime Phone #

CR2E083 (11/00)