

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/07/00--01013--019
*****50.00 *****50.00

DOCUMENT# **L99/3309**

1. Entity Name

Hogan's Creek Station, L.L.C.

Principal Place of Business Mailing Address
2509 Laurel Road 2509 Laurel Road
Jacksonville, FL 32207 Jacksonville, FL 32207

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 Applied For
59-3583221 Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Dawes, Michael F.
50 North Laura Street, Suite 3300
Jacksonville, FL 32202

7. Name and Address of New Registered Agent
Name Alfred T. Surratt
Street Address (P.O. Box Number is Not Acceptable)
2509 Laurel Road
City Jacksonville FL Zip Code 32207

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 ☒ Delete
MGRM Dawes, Michael F. 8230 Presidential Drive Jacksonville, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete
MGRM Surratt, A. T. 2509 Laurel Road Jacksonville, FL 32207 ☐ 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
MGRM Nancy A. Surratt 2509 Laurel Road Jacksonville, FL 32207 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition
MGRM Alex Surratt 2509 Laurel Road Jacksonville, FL 32207 ☐ 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: 23 Jun 2000 904-608-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)