

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003661

1. Entity Name
TWO WOODS L.L.C.

FILED

01 JAN 31 AM 10:08

Principal Place of Business
1560 SIXTH STREET, SE
WINTER PARK FL 33880

Mailing Address
1560 SIXTH STREET, SE
WINTER PARK FL 33880

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

595 Cypress Gardens Blvd
Suite, Apt. #, etc.
Suite 330

3. Mailing Address

595 Cypress Gardens Blvd
Suite, Apt. #, etc.
Suite 330

DO NOT WRITE IN THIS SPACE

City & State
Winter Haven, FL
Zip
33880-4410 Country
PolR

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Winter Haven, FL
Zip
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4. FEI Number 59-3582865

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAZELWOOD, HARRY W
1560 SIXTH STREET, SE
WINTER HAVEN FL 33880

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 HAZELWOOD, HARRY W 1560 SIXTH STREET, SE WINTER HAVEN FL 33880	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	595 Cypress Gardens Blvd, Suite 330 Winter Haven, FL 33880-4410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003657034--5 -02/08/01--01012--024 *****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
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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:

Harry W. Hazelwood

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

Date

Daytime Phone #

1/27/01 863-293-7376

CR2E083 (11/00)