

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0001304 AF

DOCUMENT # L99000003790

1. Entity Name  
HEMAWAY PRODUCTS, L.C.

00 MAR 27 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
800 S. HARBOR CITY BLVD  
MELBOURNE FL 32901

Mailing Address  
800 S. HARBOR CITY BLVD  
MELBOURNE FL 32901-1907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

FALLACE, JAMES H ESQ  
FALLACE & ASSOCIATES, P.A.  
1900 S. HICKORY STREET  
MELBOURNE FL 32901

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

10. ADDITIONS/CHANGES

TITLE NAME MGR RATHMANN, JAMES T  
STREET ADDRESS 800 S HARBOR CITY BLVD  
CITY- ST- ZIP MELBOURNE FL 32901 ☒ Delete

TITLE NAME Manager Richard R. Rathmann  
STREET ADDRESS 800 S. Harbor City Blvd.  
CITY- ST- ZIP Melbourne, FL 32901 ☐ Change ☒ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)