

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000004516

1. Entity Name
NEW HIDDEN VILLAGE ASSOCIATES, L.L.C.

00 APR 18 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216-6191



2. Principal Place of Business

P.O. Box 551260
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 551260
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

mm

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3591873

Applied For
Not Applicable

Zip
32255

Country

Zip
32255

Country

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

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: Lewis Ansbacher
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
City: Jacksonville FL Zip Code: 32256

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

(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 MGRM
STREET ADDRESS PRG-HIDDEN VILLAGE, L.L.C.
CITY-ST-ZIP 4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003229974--1
CITY-ST-ZIP -04/28/00--01123--016
*****50.00 *****50.00

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

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

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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 #

3/13/00

CR2E083 (9/99)