

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003741 AF

**DOCUMENT # L99000005697**

**FILED**

**01 MAY -3 PM 1:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

**1. Entity Name**  
HERNANDO OAKS PARTNERS, LLC

**Principal Place of Business**  
1610 BARRANCAS AVE.  
PENSACOLA FL 32501

**Mailing Address**  
1610 BARRANCAS AVE.  
PENSACOLA FL 32501

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **APPLIED FOR**  
59-3603927

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**

**LIBERIS, CHARLES S**  
1610 BARRANCAS AVE.  
PENSACOLA FL 32501

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**

**600004336836--8**  
**-05/31/01--01093--025**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

**TITLE**  Delete  
**NAME** **MGRM BRANNEN, DAVID**  
**STREET ADDRESS** 17 W. CEDAR STREET SUITE 2  
**CITY-ST-ZIP** PENSACOLA FL 32501

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

Delete  
**NAME** **MGRM LEVIN, ALLEN**  
**STREET ADDRESS** 2200 VIA DELUNA DRIVE  
**CITY-ST-ZIP** PENSACOLA FL 32561

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

Delete  
**NAME** **MGRM PATE, SCOTT**  
**STREET ADDRESS** 4300 BAYOU BLVD., SUITE 25A  
**CITY-ST-ZIP** PENSACOLA FL 32503

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

Delete  
**NAME** **MGRM LIBERIS, CHARLES S**  
**STREET ADDRESS** 1610 BARRANCAS AVE.  
**CITY-ST-ZIP** PENSACOLA FL 32501

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

Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

Change  Addition  
**TITLE**  
**NAME**  
**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01 850-438-9647  
Date Daytime Phone #

CR2E083 (11/00)