

2001 UNIFORM BUSINESS REPORT (UBR)

0029525 AF

DOCUMENT # L99000006085

1. Entity Name

TOWNE/HEMBREE LLC

FILED

01 FEB -2 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

710 NORTH PLANKINTON AVENUE, SUITE 1200
MILWAUKEE WI 53203

Mailing Address

710 NORTH PLANKINTON AVE., STE. 1200
ATTN: DEBBIE BOEDER
MILWAUKEE WI 53203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1973927

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ Delete
MGRM
HEMBREE PROPERTIES, INC.
STREET ADDRESS P.O. BOX 2007
CITY-ST-ZIP SARASOTA FL 34230-2007

TITLE NAME ☐ Change ☐ Addition
2121 Main Street, Suite C
STREET ADDRESS Sarasota, FL 34237
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
MEMBER
TOWNE DEVELOPMENT OF TOWN CENTER, INC.
STREET ADDRESS 710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP MILWAUKEE, WI 53203

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
800003662958-4
-02/09/01--01021--004
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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.

By: Hembree Properties, Inc., Managing Member

SIGNATURE:

Joe R. Hembree

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

Joe R. Hembree

Date

1/24/01

941-951-1776

Daytime Phone #

CR2E083 (11/00)