

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 26 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006476**

1. Entity Name
HHP PROPERTY, L.L.C.

Principal Place of Business
**4129 SALTWATER BOULEVARD
TAMPA FL 33615**

Mailing Address
**4129 SALTWATER BOULEVARD
TAMPA FL 33615-5638**

2. Principal Place of Business
TAMPA, FL

3. Mailing Address
4129 Saltwater

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa

City & State

4. FEI Number **59-3602820**

Applied For
Not Applicable

Zip
33615

Country
FL

Zip

Country

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

6. Name and Address of Current Registered Agent

**POOLE, SEAN W
4129 SALTWATER BOULEVARD
TAMPA FL 33615**

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
POOLE, SEAN W
4129 SALTWATER BOULEVARD
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HYER, RAYMOND T
4129 SALTWATER BOULEVARD
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HICKEY, ROBERT P
4129 SALTWATER BOULEVARD
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
900003315789--3 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**-07/07/00--0101 Change 020 Addition
*****50.00 *****50.00** ☐ Change ☐ Addition

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

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

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

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

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

Date

Daytime Phone #

4-26-00

813 248 2101

CR2E083 (9/99)