

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JUL 12 PM 12:40

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

2. Principal Place of Business

3. Mailing Address

4161 E 7TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
TAMPA, FL

4. FEI Number
59-3602820

Applied For
Not Applicable

Zip

Country

Zip

Country

33605

USA

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

Sean W. Poole

4129 Saltwater Boulevard

Tampa, FL 33615

Name

Street Address (P.O. Box Number is Not Acceptable)

4161 E 7TH AVE

City

Tampa

FL

Zip Code

33605

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)

7/11/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004474989-4
-07/13/01--01072--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Sean W. Poole
4129 Saltwater Boulevard
Tampa, FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
4161 E 7TH AVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Raymond T. Hyer, Jr.
4129 Saltwater Boulevard
Tampa, FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
4161 E 7TH AVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Robert P. Hickey
4129 Saltwater Boulevard
Tampa, FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
4161 E 7TH AVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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:

Sean W. Poole, MGRM

7/11/01

813/248-2101

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

Date

Daytime Phone #