

2001 UNIFORM BUSINESS REPORT (UBR)

0014751 AF

DOCUMENT # L99000007290

1. Entity Name
HEP-8-CLER, L.C.

FILED

01 FEB 23 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
%HALVORSEN HOLDINGS, INC JEFFREY HALVORSEN
33 S.E. 4TH ST., STE. 100
BOCA RATON FL 33432

Mailing Address
%HALVORSEN HOLDINGS, INC JEFFREY HALVORSEN
33 S.E. 4TH ST., STE. 100
BOCA RATON FL 33432

2. Principal Place of Business
1100 FIFTH AVE SOUTH

3. Mailing Address
1100 FIFTH AVE SOUTH

Suite, Apt. #, etc.
STE 401

Suite, Apt. #, etc.
STE 401

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34102

Country
US

Zip
34102

Country
US

4. FEI Number
65-1009917

APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALVORSEN, JEFFREY T
%HALVORSEN HOLDINGS, INC
33 S.E. 4TH ST., STE. 100
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
JACK O. TACKETT

Street Address (P.O. Box Number is Not Acceptable)
1100 FIFTH AVE SOUTH

STE 401

City
NAPLES

FL

Zip Code
34102

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

2/19/01

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

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
HALVORSEN HOLDINGS, INC.
33 S.E. 4TH ST., STE. 100
BOCA RATON FL 33432

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
GOMEZ, BARRY
%EZON FL INC 1100 5TH AVE. SO, STE. 401
NAPLES FL 34102

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
GOMEZ, BRUCE
%EZON FL INC 1100 5TH AVE. SO, STE. 401
NAPLES FL 34102

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
JA

☐ 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

☐ Change ☐ Addition

400003768154--7

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

-02/26/01--0001-000
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
JACK O. TACKETT
1100 FIFTH AVE SOUTH, STE 401
NAPLES, FL 34102

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

Date

Daytime Phone #

1/18/01 561-361-9200

CR2E083 (11/00)