

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014793 AF

DOCUMENT # L99000007291

1. Entity Name  
HEP-9-MURL, L.C.

FILED

01 FEB 23 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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  
Suite, Apt. #, etc.  
STE 401

3. Mailing Address  
1100 FIFTH AVE SOUTH  
Suite, Apt. #, etc.  
STE 401

City & State  
NAPLES, FL

City & State  
NAPLES, FL

Zip  
34102

Country  
US

Zip  
34102

Country  
US

4. FEI Number  
65-1007922

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

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

MGR  
HALVORSEN HOLDING, 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

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300003768153--0  
-02/26/01--01121--006  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/01 561-367-9200  
Date Daytime Phone #

CR2E083 (11/00)