2000 UNIFORM BUSINESS REPORT (UBR)

L99000007945

1. Entity Name HILLSIDE TWO, L.L.C.

DOCUMENT #

Principal Place of Business

226 NORTH DUVAL STREET TALLAHASSEE FL 32301

Mailing Address

226 NORTH DUVAL STREET TALLAHASSEE FL 32301-1314 AFTHUYLU AND FILED

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SECRETARY OF STATE TALL AHASSEE, FLORIDA



2. Principal Place of Business 2. A Mailing Address 3. Mailing Address						—					
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Sity & State	16 record	City & State	tity & State			4. FEI Number 3621831			plied For t Applicable	-	
		Zip Count		/	5. Certificate of Status Desired			litional			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C. Haite and Address of Current Hogistered Agent				Name							
LINDSEY, WM-S				ت المراجع المراجع المراجع المراجع المحتول المراجع المحتول المراجع المحتول المح							
1407 PIEDMONT DRIVE EAST				Street Address (P.O. Box Number is Not Acceptable)							
	-	.						-			
IALLAHAS	SSEE FL 32312										
			1	, City ,			FL Zip Code				
8. The above	registered	office or registe	red agent, o	r both, in the S	tate of Florida.	· <u> </u>		1			
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											
	: Registered A	gent signature require	d when reinstating	g)	DATE			4			
FILE NOW!!! FEE IS \$50.00											
		· ·		*							
		Make Check Pay	yable to	Department t)) State						
9. MANAGING MEMBERS/MEMBERS			10.		i	ΑD	DITIONS/CHANG			1	
TITLE	MGRM	2 Deleta	TITLE				211101107013410	☐ Change	Addition	غ ا	
NAME	RUDNICK, JAMES M	·L.; vacu	NAME			١				ç	
STREET ADDRESS	226 NORTH DUVAL STREET			ADDRESS						9	
CITY-87-ZIP	TALLAHASSEE FL 32301		C11Y-81	r- ztP						ű	
TITLE	MGRM	☐ Delete	TITLE					Change	Addition	1	
NAME	PARRISH, ROBERT		NAME ²]	
STREET ADDRESS	2282-A KILLEARN CENTER BOULE	EVARD	8TREET	ADDRESS						ı	
CITY- \$Y- ZIP	TALLAHASSEE FL 32302		CETY- 81	r- zip							
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NAME			NAME								
STREET AUDRESS			STREET	ADDRESS							
CITY-8T-ZIP			CITY-81	T- ZIP							
TITLE ·		☐ Delete	TITLE					Change	Addition	1	
NAME '			NAME								
STREET ADDRESS	•	•		ADDRESS		ı				-	
CITY-ST-ZIP			CITY- 81	r- ziP		•				4	
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NAME (NAME				-				
STREET AUDRESS				ADDRESS							
CITY-ST-ZIP			CITY- 81							1	
 I hereby of indicated 	ertify that the information supplied with to on this report is true and accurate and the	his filing does not qualify for pat my signature shall have t	the exemp	otion stated in Se egal effect as if r	ection 119.0 made under	7(3)(i), Florida oath; that I am	Statutes. I further of a managing mem	ertify that the in ber or manage:	formation r of the		

limited liability company or the receiver or tastee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

THE RECIUIRED

Daytime Phone #