

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007945

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

APPROVED  
AND  
FILED

POSTED  
APR 24 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2282 KILLEARN CENTER BLVD.  
TALLAHASSEE FL 32308

Mailing Address  
226 NORTH DUVAL STREET  
TALLAHASSEE FL 32301



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
2282 Killearn Center Blvd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
Tallahassee, FL

4. FEI Number 59-3621831  
Applied For  
Not Applicable

Zip Country

Zip Country  
32308

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

## 6. Name and Address of Current Registered Agent

LINDSEY, WM. S  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE FL 32312

## 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

300004195049--5  
-05/11/01--01021--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## MANAGING MEMBERS/MEMBERS

LE ME REET ADDRESS Y-ST-ZIP	MGRM RUDNICK, JAMES M 226 NORTH DUVAL STREET TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
T ADDRESS ST-ZIP	MGRM PARRISH, ROBERT 2282-A KILLEARN CENTER BOULEVARD TALLAHASSEE FL 32302	<input type="checkbox"/> Delete
ET ADDRESS I-ST-ZIP		<input type="checkbox"/> Delete
ITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E083 (11/00)