

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

0041489

**DOCUMENT # L99000008902**

1. Entity Name

**UHL LAND INVESTMENTS, LLC**

03-11-2002 90008 024 \*\*\*\*50.00

Principal Place of Business

**701 INDIANA AVE.  
PALM HARBOR FL 34683**

Mailing Address

**P.O. BOX 1323  
PALM HARBOR FL 34682**

B0033341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9625 Alonzo Road**

3. Mailing Address

**PO Box 5299**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Riverview, FL**

City &amp; State

**Tampa, FL**

Zip

**33569**

Country

**USA**

Zip

**33675-5299**

Country

**USA**

4. FEI Number

**59-3620882**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, TRACY J JR.  
701 INDIANA AVE.  
PALM HARBOR FL 34683**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIE, TRACY J</b>	
STREET ADDRESS	<b>701 INDIANA AVE.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KEARNEY, BING</b>	
STREET ADDRESS	<b>911 SEDDON COVE WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	

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

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

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

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

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Harris, Tracy J Jr.</b>	
STREET ADDRESS		
CITY-ST-ZIP		

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

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

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

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

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 #

**813-621-7454**

CR2E083 (9/01)