

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000009168

1. Entity Name

H & P REALTY GROUP, L.L.C.

00 APR -3 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DRIVE
SUITE 212
LONGBOAT KEY, FL 34228

ny 4/18

2. Principal Place of Business

4134 GULF OF MEXICO DR.
Suite, Apt. #, etc.
212

3. Mailing Address

4134 GULF OF MEXICO DR
Suite, Apt. #, etc.
212

DO NOT WRITE IN THIS SPACE

City & State

LONGBOAT KEY, FL

City & State

LONGBOAT KEY, FL

4. FEI Number

65-0971147

Applied For

Not Applicable

Zip

34228

Country

USA

Zip

34228

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

J. GEOFFREY PFLUGNER
2033 MAIN ST., #600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name J. GEOFFREY PFLUGNER

Street Address (P.O. Box Number is Not Acceptable)

2033 MAIN ST

City SARASOTA

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

3/30/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING PARTNER
SAMUEL A. HAMAD
3590 MISTLETOE LANE
LONGBOAT KEY, FL 34228

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN POWELL
7904 HAMPTON COURT
UNIVERSITY PARK, FL 34201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003218046-9
-04/21/00--01014--006
*****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 OR MANAGER

Date

Daytime Phone #

3/30/00

CR2E083 (11/99)