

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002237

1. Entity Name

HP FUND MANAGEMENT, LLC

Principal Place of Business

801 LAUREL OAK DR.
NAPLES FL 34108

Mailing Address

801 LAUREL OAK DR.
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number

59-3665136
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

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.

(NOT 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 ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY - ST - ZIP

James B. Hedges
801 Laurel Oak Dr.
Naples, FL 34108

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

700004271917-2
-05/18/01--01115--003
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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 #

941-593-5000



FILED

01 MAY -1 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0020744 AF

CR2E083 (11/00)