

2001 UNIFORM BUSINESS REPORT (UBR)

0028820 AF

DOCUMENT # M00000002258

1. Entity Name
PREMIER DEVELOPMENT GROUP LLC

FILED
01 FEB 12 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12300 SEMINOLE BLVD.
C/O SUN VILLAGE MOBILE HOME PARK
LARGO FL 33778

Mailing Address
12300 SEMINOLE BLVD.
C/O SUN VILLAGE MOBILE HOME PARK
LARGO FL 33778



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 39-1971181

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKMANN, MICHAEL P
12300 SEMINOLE BLVD.
LARGO FL 33778

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR HICKMANN, WILLIAM J
STREET ADDRESS 2125 WEST WASHINGTON STREET
CITY-ST-ZIP WEST BEND WI 53095

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

TITLE NAME ☐ Delete
MGR HICKMANN, MICHAEL P
STREET ADDRESS 2125 WEST WASHINGTON STREET
CITY-ST-ZIP WEST BEND WI 53095

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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: Michael P. Hickmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/01/01 262-334-4444
Date Daytime Phone #

CR2E083 (11/00)