

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016122 AB

**DOCUMENT # M97000000085**  
**1. Entity Name**  
**HUFFMAN AND COMPANY LLC**

**FILED**  
**00 MAR 24 AM 10:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**Principal Place of Business**  
**2425 EAST MAXWELL LANE**  
**BLOOMINGTON IN 47401**

**Mailing Address**  
**P.O. BOX 28**  
**BLOOMINGTON IN 47402-0028**



**2. Principal Place of Business**  
**2052 Shoreline Towers**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**  
**Destin, FL**

**Zip**  
**32541**

**Country**  
**USA**

**4. FEI Number** 35-2005695  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**ELOUISE REALTY, INC.**  
**385 HIGHWAY 98 E.**  
**DESTIN FL 32541**

**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**

9. MANAGING MEMBERS/MEMBERS		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>	<b>2425 EAST MAXWELL LANE</b>	
<b>CITY-ST-ZIP</b>	<b>BLOOMINGTON IN 47401</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>	<b>HUFFMAN, RICHARD V</b>	
<b>CITY-ST-ZIP</b>	<b>P.O. BOX 28</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>	<b>BOND, SUE</b>	
<b>CITY-ST-ZIP</b>	<b>2626 N LAKEVIEW #3703</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Delete</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

10. ADDITIONS/CHANGES		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**400003203064--1**  
**-04/11/00--01047--017**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**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:** *Richard V. Huffman* **REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER**  
**3/20/01** **37 431 6396**  
**Date** **Daytime Phone #**

CR2E083 (9/99)