

2001 UNIFORM BUSINESS REPORT (UBR)

0030648 AB

DOCUMENT # M97000000085

1. Entity Name
HUFFMAN AND COMPANY LLC

Principal Place of Business
2052 SHORELINE TOWERS
DESTIN FL 32541

Mailing Address
P.O. BOX 28
BLOOMINGTON IN 47402

FILED

01 JAN 22 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2005695

Applied For

Not Applicable

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

ELOUISE REALTY, INC.
385 HIGHWAY 98 E.
DESTIN FL 32541

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **HUFFMAN, EVELYN J**
STREET ADDRESS **2425 EAST MAXWELL LANE**
CITY-ST-ZIP **BLOOMINGTON IN 47401**

☐ Change ☐ Addition
500003576095--3
-01/26/01--01036--011
*******50.00 *****50.00**
☐ Change ☐ Addition

TITLE **MGRM** ☐ Delete
NAME **HUFFMAN, RICHARD V**
STREET ADDRESS **P.O. BOX 28**
CITY-ST-ZIP **BLOOMINGTON IN 47401**

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

TITLE **MGRM** ☐ Delete
NAME **BOND, SUE**
STREET ADDRESS **2626 N LAKEVIEW #3703**
CITY-ST-ZIP **CHICAGO IL 60614**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/01

812 320 2346

CR2E083 (11/00)