

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90225 006 ****50.00

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**

966944

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-2005695

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

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

Name **SHORELINE TOWERS ASSOCIATION REALTY**

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

900 GULF SHORE DRIVE

City **DESTIN**

FL

32540

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

SHORELINE TOWERS ASSOC. REALTY (S.T.A.R.) - Doreen Freeman

DATE

4/30/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS **2617 E. WINDEMERE WOODS RD**
 CITY-ST-ZIP **BLOOMINGTON, IN 47401**

☒ Change ☐ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS **3229 COPPERTREE DR.**
 CITY-ST-ZIP **BLOOMINGTON, IN 47401**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: X

Richard V. Huffman

4/25/02

812-320-2346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)