

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0024657 AF

DOCUMENT # M97000000418

1. Entity Name

THE HILLSIDE FINANCIAL GROUP, L.L.C.

Principal Place of Business

2100 SE 17TH ST., SUITE 204
OCALA FL 34471

Mailing Address

2100 SE 17TH ST., SUITE 204
OCALA FL 34471



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 SE 17TH STREET

Suite, Apt. #, etc.

SUITE 300

City & State

OCALA FL

Zip

34471

Country

USA

3. Mailing Address

2100 SE 17TH STREET

Suite, Apt. #, etc.

SUITE 300

City & State

OCALA FL

Zip

34471

Country

USA

4. FEI Number

59-3455693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURTIS, WILLIAM M

2100 SE 17TH ST., SUITE 204

OCALA FL 34471

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

TITLE NAME MGR CURTIS, WILLIAM M ☐ Delete
STREET ADDRESS 2100 SE 17TH ST., SUITE 204
CITY-ST-ZIP Ocala FL 34471

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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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 2100 S.E. 17TH STREET, SUITE 300
CITY-ST-ZIP Ocala FL 34471

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

TITLE NAME ☐ Change ☐ Addition
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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 of William M. Curtis
WILLIAM M. CURTIS

4/10/01

(352) 401-1900

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

Date

Daytime Phone #

CR2E083 (11/00)