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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000418

1. Entity Name

THE HILLSIDE FINANCIAL GROUP, L.L.C.

2100 SE 17TH ST., SUITE 300		Mailing Address 2100 SE 17TH ST., SUITE 300 DCALA FL 34471										
Principal Place of Business 3. N			Mailing Address									
Suite, Apt. #, etc. Si			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
		·										
City & State Ci			ity & State		4. FEI	Number	59-345569	3		pplied For lot Applicable		
Zip	Zip Country Zi			Coun	try _	5 . Cer	tificate of Si	atus Desired		5.00 Ac	iditional ed	
6. Name and Address of Current Registered Agent						7. Nar	ne and Add	ress of New Re				
CIN	OTIC SAMILIANS NA				Name							
CURTIS, WILLIAM M 2100 SE 17TH ST., SUITE 204 OCALA FL 34471					Street Addre	ess (P.O. Box	Number is	Not Acceptable) 			
					City .				FL	Zip Cod	ek	
8. The above	named entity submits this stater	nent for the nu	rpose of changing its	rogistors	d office or rea	intered acces		the Change of Elec		1		
SIGNATURE .	Signature, typed or printed name of registers		applicable. (NOT	E: Registered	d Agent signature re	quired when reinsta			DATE			
			Make Check Pa	yable to	FEE IS \$50. Departmen By 1, 2002							
9.	MANAGING N	IEMBERS/MA	NAGERS	10.	-			ADDITIONS/0	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURTIS, WILLIAM M 2100 SE 17TH ST., SUITE OCALA FL 34471	300	☐ Delete							Change	Addition	
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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 expressive 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

4/15/02

(352)401-1900

Daytime Phone #

CR2E083 (9/01)