

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN -2 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000471

1. Entity Name  
HAYNSWORTH, BALDWIN, JOHNSON AND GREAVES, LLC

Principal Place of Business  
918 SOUTH PLEASANTBURG DRIVE  
GREENVILLE SC 29607

Mailing Address  
918 SOUTH PLEASANTBURG DRIVE  
GREENVILLE SC 29607-2424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2284831

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

JOHNSON, BRADLEY R  
600 NORTH WESTSHORE BLVD., SUITE 200  
TAMPA FL 33609

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP  
MGRM HAYNSWORTH, KNOX L 918 SOUTH PLEASANTBURG DRIVE GREENVILLE SC 29607 ☒ Delete  
  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM J. Howard Daniel 918 South Pleasantburg Drive Greenville, SC 29607 ☐ Change ☒ Addition  
  
200003292942--2  
-06/15/00--01155--015  
\*\*\*\*\*50.00 ☐ Change ☐ Addition  
  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
  
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 *Wanda C. REQUIRED*

x 5/31/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/91)