

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011568 AF

DOCUMENT # M99000000816

1. Entity Name

THE THORNESTONE GROUP, LLC

00 APR 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8350 GLENGARRY PLACE
NEW PORT RICHEY FL 34655

Mailing Address

8350 GLENGARRY PLACE
NEW PORT RICHEY FL 34655-4564



2. Principal Place of Business

600 BYPASS DRIVE

3. Mailing Address

600 BYPASS DRIVE

Suite, Apt. #, etc.

SUITE 216

Suite, Apt. #, etc.

SUITE 216

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

Country

33764

US

Zip

Country

33764

US

4. FEI Number

59-3578405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MMM

6. Name and Address of Current Registered Agent

HACKETT, DAVID G
8350 GLENGARRY PLACE
NEW PORT RICHEY FL 34655

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
STREET ADDRESS
CITY- ST- ZIP
MGR
HACKETT, DAVID G
8350 GLENGARRY PLACE
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000003250050--6
-05/12/00--01029--001
*****50.00 *****50.00

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

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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:

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

APR 24, 2000 727 793 9484

Date

Daytime Phone #

CR2E083 (9/99)