

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001392

1. Entity Name
HI TAMPA, LLC

Principal Place of Business
330 CANAL PARK DRIVE
DULUTH MN 55807

Mailing Address
330 CANAL PARK DRIVE
DULUTH MN 55802-2316

APPROVED
AND
FILED

00 APR 18 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MPM

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1949028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 MGR
NAME GOLDFINE, KENNETH
STREET ADDRESS 7330 PIMA ROAD
CITY-ST-ZIP SCOTTSDALE AZ 85258 ☐ Delete

TITLE MGR
NAME GOLDFINE, JOHN
STREET ADDRESS 330 CANAL PARK DR.
CITY-ST-ZIP DULUTH MN 55802 ☐ Delete

TITLE MGR
NAME APTER, ABBOT
STREET ADDRESS 3800 W. SECOND STREET, STE 200
CITY-ST-ZIP DULUTH MN 55807 ☐ 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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003238993--1
-05/04/00--01013--004
*****50.00 *****50.00

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

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:

Abbot A. Apter Sec/Treas.

4-4-00

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

Date

Daytime Phone #