

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00357**

1. Entity Name

HRW PROPERTIES, L.C.

FILED

01 APR 17 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 2ND AVENUE SOUTH
SUITE 800
ST. PETERSBURG FL 33701

Mailing Address

100 2ND AVENUE SOUTH
SUITE 800
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3054803

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOUGH, WILLIAM R.
100 2ND AVE. SOUTH
SUITE 800
ST. PETERSBURG FL 33701

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
HOUGH, WILLIAM R
100 2 AVE S., STE. 800
ST. PETERSBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
HOUGH, W. ROBB
100 2 AVE S., STE. 800
ST. PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100004078231-4
-04/25/01--01092--022
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
FEINBERG, HELEN HOUGH
100 2 AVE S., STE. 800
ST. PETERSBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

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

4-16-01

Date

727/895-8892

Daytime Phone #

CR2E083 (11/00)