

**2000 UNIFORM BUSINESS REPORT (UBR)**

2

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90017 041 \*\*\*\*61.25

**DOCUMENT # 710428**

1. Entity Name **PAID # 6752 \$61.25 2-17-00**  
**HAWTHORNE BAY, INC.**

Principal Place of Business Mailing Address  
**1332 BAYVIEW DRIVE 1332 BAYVIEW DRIVE**  
**FORT LAUDERDALE FL 33304 FORT LAUDERDALE FLA 33304-1673**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1165209		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LISKA, CHARLES W 1332 BAYVIEW DR APT. 406 33304				Name			
				DONALD P. ANDERSON TD			
				Street Address (P.O. Box Number is Not Acceptable)			
				1332 bayview dr #103			
City				FT. LAUDERDALE		FL Zip Code 33304	

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 **DONALD P. ANDERSON TD** *Donald P. Anderson* **2-17-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN ROSS		NAME		
STREET ADDRESS	1332 BAYVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA BROWN		NAME	ROBERT CAMPHIRE	
STREET ADDRESS	1332 BAYVIEW DRIVE		STREET ADDRESS	1332 BAYVIEW DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS GRAHAM		NAME		
STREET ADDRESS	1332 BAYVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON ANDERSON		NAME		
STREET ADDRESS	1332 BAYVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERTRUDE LULLA		NAME		
STREET ADDRESS	1332 BAYVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered:

SIGNATURE: *Donald P. Anderson* **2-17-00** (954) 561-1729  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)