

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90007 029 ****61.25

0077318

DOCUMENT # 748507

1. Entity Name

HAMILTON SQUARE, INC.

Principal Place of Business

Mailing Address

C/O KEYS-CALDWELL PROPERTY MGMT
 250 W TAMPA AVE
 VENICE FL 34285

C/O KEYS-CALDWELL PROPERTY MGMT
 250 W TAMPA AVE
 VENICE FL 34285

2. Principal Place of Business

3. Mailing Address

200 N. Tamiami Tr

200 N. Tamiami Tr

Suite, Apt. #, etc.
 Suite A

Suite, Apt. #, etc.
 Suite A

City & State
 Venice FL

City & State
 Venice FL

4. FEI Number **59-2061857**

Applied For
 Not Applicable

Zip
 34285

Country
 Sarasota

Zip
 34285

Country
 Sarasota

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, ANNETTE K
 KEYS-CALDWELL PROPERTY MGMT
 250 W TAMPA AVE
 VENICE FL 34285

Name
Milton R. Maas
 Street Address (P.O. Box Number is Not Acceptable)
1255 Sleepy Hollow Rd
 City
Venice FL Zip Code
34292-1445

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 Milton R. Maas EA

Signature, typed or printed name of registered agent and title if applicable.

(NONE Registered Agent signature required when reinstating)

DATE

4/24/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSSAULT, JAMES 200 N TAMIAMI TRAIL, #D VENICE FL 34285	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSS, ALAN 245 N TAMIAMI TRAIL VENICE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARCLAY, MARK 200 N TAMIAMI TRAIL, #A VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Kirton 200 N. Tamiami Tr Suite D Venice, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Alan Ross 200 N. Tamiami Tr Suite I Venice FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom E Reynolds 200 N. Tamiami Tr Suite F Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec SHANNON SHANNON Shannon Costello 200 N. Tamiami TR Suite H Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul Hamilton 200 N. Tamiami TR Suite J Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Hamilton 200 N. Tamiami Tr Suite G Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

CR2E037 (10/00)