

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90054 014 ****61.25

UBR64/2

DOCUMENT # N96000000926

1. Entity Name

THE HACIENDA, INC.

Principal Place of Business

Mailing Address

**225 WAYMAN ST.
 LONGWOOD FL 32750**

**237 FERNWOOD BLVD.
 FERN PARK FL 32730**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3380880

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~PURCELL, ANN~~
828 TUSCARORA TRAIL 1
MAITLAND FL 32751

Name
GREGORY, LINDA

Street Address (P.O.-Box Number is Not Acceptable)
130 GARFIELD RD

City **ENTERPRISE** **FL** Zip Code **32725**

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 *Linda Gregory*

GREGORY, LINDA PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PURCELL, ANN	
STREET ADDRESS	828 TUSCARORA TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CASH, JACK	
STREET ADDRESS	100 BUSH BLVD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CONKLIN, ELIZABETH	
STREET ADDRESS	1621 BOYER ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABRAL, LEONARD	
STREET ADDRESS	315 MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREGORY, LINDA	
STREET ADDRESS	130 GARFIELD RD	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MOGHADAS, KATHY	
STREET ADDRESS	923 E SEMORA BLVD	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, LINDA	
STREET ADDRESS	130 GARFIELD ROAD	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH CONKLIN	
STREET ADDRESS	1621 BOYER STREET	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD CABRAL	
STREET ADDRESS	315 MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGERTY, NANCY	
STREET ADDRESS	2530 EKANA DRIVE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEILSEN, HAL	
STREET ADDRESS	237 FERNWOOD BLVD	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGHADAS, KATHY	
STREET ADDRESS	923 E SEMORAN BLVD	
CITY-ST-ZIP	CASSELBERRY, FL 32707	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Linda Gregory
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-3

Daytime Phone #

407-353-4939

CR2E037 (9/01)

Attachment

Send to Art

N96000000926

620387

Please add the following to BOX 11 ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN BOX 10

ADDITION

TITLE	D
NAME	Stevens, Pauline
STREET ADDRESS	159 Williams Road
CITY-ST-ZIP	Lake Mary, FL 32746

ADDITION

TITLE	D
NAME	Swindle, Michael
STREET ADDRESS	47 E Robinson #200
CITY-ST-ZIP	Orlando, FL 32801