

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90276 043 ***150.00

DOCUMENT # P16775

1. Entity Name

HAMMOND VENTURE, INC.

Principal Place of Business

Mailing Address

C/O THE ALLEN MORRIS CO
1000 BRICKELL AVE BRICKELL BLDG 3RD FL
MIAMI FL 33131

C/O THE ALLEN MORRIS CO
1000 BRICKELL AVE BRICKELL BLDG 3RD FL
MIAMI FL 33131-3013

A0000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2248649

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, W. ALLEN
1000 BRICKELL AVE.
12TH FLOOR
MIAMI FL 33131

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back). ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BELL, JAMES F. (JR.)
STREET ADDRESS 1100 JOHNSON FERRY RD NE
CITY-ST-ZIP ATLANTA GA ☐ Delete

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

TITLE STD
NAME DAVIS, BILL G.
STREET ADDRESS 1000 BRICKELL AVE 300
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VD
NAME MORRIS, WILLIAM ALLEN
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VD
NAME RUPP, GARY L.
STREET ADDRESS 1000 BRICKELL AVE 300
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE V
NAME White, Paul L.
STREET ADDRESS 1000 Brickell Ave., #1200
CITY-ST-ZIP Miami, Florida 33131 ☐ Change ☒ Addition

TITLE VP
NAME TAYLOR, LELAND H
STREET ADDRESS 1000 BRICKELL AVE., 1200
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2000

(305) 358-1000

Date

Daytime Phone #

CR2E034 (9/99)