-AMENDED

07-08-2002 90235 019 ****61.25

P16775

FILED

02 JUL 15 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16775

1. Entity Name HAMMOND VENTURE, INC.

DO NOT WRITE IN THIS SPACE

B0127314

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2. Principal Place of Business	3. Mailing Address
C/O THE ALLEN MORRIS CO	C/O THE ALLEN MORRIS CO
Suite, Apt. #, etc. 1000 BRICKELL AVE 3RD FL	Suite, Apt. #, etc. 1000 BRICKELL AVE 3RD FL
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country	Zip 33131 Country

4. FEI Number 59-2248649 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MORRIS, W. ALLEN

Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE. 12TH FLOOR

City MIAMI FL Zip Code 33131

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	BELL, JAMES F. (JR.)	NAME	
STREET ADDRESS	1160 JOHNSON FERRY RD NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30319	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	MORRIS, W. ALLEN	NAME	
STREET ADDRESS	1000 BRICKELL AVE #1200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	RUPP, GARY L.	NAME	
STREET ADDRESS	1000 BRICKELL AVE #300	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	CONNORS, M. NOEL	NAME	
STREET ADDRESS	1000 BRICKELL AVE #300	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	DALE I. GRAHAM	NAME	
STREET ADDRESS	1000 BRICKELL AVE #1200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

7/15/02

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 305-358-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #