

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90018 050 \*\*\*150.00

**DOCUMENT # 391669**

1. Entity Name

**WILLIAM S. HAMMOND, INC.**

Principal Place of Business

~~606 W MAIN ST~~  
~~LEESBURG FL 34748-3186~~  
~~US~~

Mailing Address

~~606 W MAIN ST~~  
~~LEESBURG FL 34791-4481~~  
~~US~~

**2810 U.S. HWY. 441-27**  
**FRUITLAND PARK, FL 34731**

000065001

2. Principal Place of Business

**2810 U.S. HWY. 441-27**  
Suite, Apt. #, etc.

3. Mailing Address

**2810 U.S. HWY. 441-27**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**FRUITLAND PARK, FL**

City & State

**FRUITLAND PARK, FL**

4. FEI Number

**59-1369852**

Applied For

Not Applicable

Zip

**34731**

Country

~~US~~

Zip

**34731**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAMMOND, WILLIAM S**  
**606 W MAIN ST**  
**LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

**WILLIAM S. HAMMOND**

Street Address (P.O. Box Number is Not Acceptable)

**2810 U.S. HIGHWAY 441-27**

City

**FRUITLAND PARK**

FL

Zip Code

**34731**

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

*William S. Hammond*  
**WILLIAM S. HAMMOND**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-6-00**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>HAMMOND, WILLIAM S</b>	
STREET ADDRESS	<b>34545 HAMMOND LANE</b>	
CITY-ST-ZIP	<b>EUSTIS, FL 32736</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HAMMOND, PHILLIP A.</b>	
STREET ADDRESS	<b>34531 HAMMOND LANE</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32736</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>HAMMOND, W. ERIC</b>	
STREET ADDRESS	<b>605 ROSS ST.</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1918 CORNELIA DR.</b>	
STREET ADDRESS	<b>EUSTIS, FL 32726</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*William S. Hammond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM S. HAMMOND**

**4-6-00**

**(352) 787-6000**