

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90029 025 \*\*\*150.00

**DOCUMENT # 533663**

1. Entity Name

**JON M. HALL COMPANY**

Principal Place of Business

**800 TRAFALGAR COURT  
 SUITE  
 MAITLAND FL 32751  
 US**

Mailing Address

**PO BOX 1952  
 WINTER PARK FL 32790  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1230 Lakeview Drive**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Winter Park, FL**

City & State

4. FEI Number

**59-1748765**

Applied For

Not Applicable

Zip  
**32789**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, JON M  
 1230 LAKEVIEW DRIVE  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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, 2002 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 NAME	PT HALL, JON M SR	<input type="checkbox"/> Delete
STREET ADDRESS	1140 KEYES AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE NAME	VP HALL, JON M JR	<input type="checkbox"/> Delete
STREET ADDRESS	331 N PHELPS AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE NAME	S HALL, PRISCILLA K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1140 KEYES AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE NAME	ST DYKES, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	720 SHANE DR	
CITY-ST-ZIP	DELAND FL 32720	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1230 Lakeview Drive	
CITY-ST-ZIP		
TITLE NAME	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D James C. Hall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	225 Old Sanford Oviedo Road	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**Jon M. Hall, Sr.**

**1/22/02 407-760-6415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1000-11-01