

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90158 017 \*\*\*150.00

**DOCUMENT # 539899**

1. Entity Name

**HANK HOLLAND PROPERTY MANAGEMENT, INC.**

Principal Place of Business <b>3000 LANGLEY AVE. SUITE 401 PENSACOLA FL 32504</b>	Mailing Address <b>3000 LANGLEY AVE. SUITE 401 PENSACOLA FL 32504</b>
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**838334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1550 Creighton Road</b>	3. Mailing Address <b>1550 Creighton Road</b>
Suite, Apt. #, etc. <b>Suite 3</b>	Suite, Apt. #, etc. <b>Suite 3</b>
City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>

4. FEI Number <b>59-1751896</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32504</b>	Country	Zip <b>32504</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HOLLAND, CECIL H  
3000 LANGLEY AVE.  
SUITE #401  
PENSACOLA FL 32504**

**7. Name and Address of New Registered Agent**

Name  
**Cecil H. Holland**

Street Address (P.O. Box Number is Not Acceptable)  
**1550 Creighton Road**

**Suite 3**

City  
**Pensacola** **FL** Zip Code  
**32504**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 STREET ADDRESS CITY-ST-ZIP	<b>P HOLLAND, CECIL H. 5740 TALQUIN AVE. PENSACOLA FL 32526</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP HAGENSICK, BRIAN H. 2526 Bayou Blvd Pensacola, FL 32503</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HAGENSICK, BRIAN H. 2526 Bayou Blvd. Pensacola, FL 32503</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Hank Holland **HANK HOLLAND** **APRIL 25, 2001 (850) 478-6444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)