

2002 UNIFORM BUSINESS REPORT (UBR)

0000007

DOCUMENT # 710428

1. Entity Name

HAWTHORNE BAY, INC.

Principal Place of Business

1332 BAYVIEW DRIVE
FORT LAUDERDALE FL 33304

Mailing Address

1332 BAYVIEW DRIVE
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1165209

Applied For

☒ Not Applicable

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

HARTMAN, JOHN
1332 BAYVIEW DR., #301
FT LAUDERDALE FL 33304

Name

RONALD D. LAMBERT

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

1332 BAYVIEW DR

APT 303

City

FT LAUDERDALE

FL

Zip Code

33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	LAMBERT, RONALD D	
STREET ADDRESS	1332 BAYVIEW DRIVE., #303	
CITY-ST-ZIP	FT.LAUDERDALE FL 33304	
TITLE	VD	☐ Delete
NAME	ARGE, PATRICK	
STREET ADDRESS	1332 BAYVIEW DRIVE., #401	
CITY-ST-ZIP	FT.LAUDERDALE FL 33304	
TITLE	VD	☐ Delete
NAME	YOTINO, JOHN	
STREET ADDRESS	1332 BAYVIEW DRIVE., #406	
CITY-ST-ZIP	FT.LAUDERDALE FL 33304	
TITLE	TD	☐ Delete
NAME	HARTMAN, JOHN	
STREET ADDRESS	1332 BAYVIEW DRIVE., #301	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	SD	☐ Delete
NAME	CAMHIRE, ROBERT	
STREET ADDRESS	1332 BAYVIEW DRIVE., #203	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	800009043288
CITY-ST-ZIP	11/18/02--01018--003 **236.25
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

9/1/02 9345766 9544

REINSTATEMENT 2002

CR2E037 (4/02)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA