

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001294

1. Entity Name

HDHJAH LIMITED PARTNERSHIP

Principal Place of Business

711 SHADY LAKE LANE
VERO BEACH FL 32963

Mailing Address

711 SHADY LAKE LANE
VERO BEACH FL 32963-3531

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

59-3203068

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

HANNA, HUGH D
711 SHADY LAKE LANE
VERO BEACH FL 32963

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. Capital Contributions
as Shown on record.

\$90.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$90.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HANNA, MARK D 23799 STANFORD ROAD SHAKER HEIGHTS OH 44122	STREET ADDRESS CITY - ST - ZIP	700003105887--1 -01/21/00--01024--007 ****141.25 - ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CLASSEN, KATHERINE H 7950 PETTIBONE ROAD CHAGRIN FALLS OH 44023	STREET ADDRESS CITY - ST - ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-8-2000

440-5434305

141.25