

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F91648

1. Entity Name

DAVID M. HAMMOND, P.A.

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90007 026 \*\*\*550.00

Principal Place of Business

Mailing Address

% DAVID M. HAMMOND  
 130 PASADENA PLACE  
 ORLANDO FL 32803

% DAVID M. HAMMOND  
 130 PASADENA PLACE  
 ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Box 532102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 ORLANDO FLORIDA

4. FEI Number

59-2206325

Applied For

Not Applicable

Zip

Country

Zip

Country

32853-2102

US

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

HAMMOND, DAVID M.  
 130 PASADENA PLACE  
 ORLANDO FL 32803

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME PD  
 STREET ADDRESS HAMMOND, DAVID M  
 CITY-ST-ZIP 130 PASADENA PLACE  
 ORLANDO, FL 00000

TITLE  
 NAME PD  
 STREET ADDRESS HAMMOND, DAVID M.  
 CITY-ST-ZIP P.O. BOX 532102  
 ORLANDO, FL 32853-2102

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. HAMMOND 8-7-00

Date

407-422-5913  
 407-647-7221

Daytime Phone #

CR2E034 (5/00)