

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11054

1. Entity Name

ZHC, INC.

Principal Place of Business

4877 GUM ROAD, LOT 24  
TALLAHASSEE FL 32304

Mailing Address

1154 HATLEE TRACE  
TALLAHASSEE FL 32304

2. Principal Place of Business

1154 HATLEE TRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32304

Country

Leon

Zip

Country

6. Name and Address of Current Registered Agent

HATLEE, THOMAS E  
4877 GUM ROAD, LOT 24  
TALLAHASSEE FL 32304

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, 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	PD	<input type="checkbox"/> Delete
NAME	HATLEE, THOMAS E	
STREET ADDRESS	1154 HATLEE TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HATLEE, THOMAS	
STREET ADDRESS	1154 HATLEE TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HATLEE, JANET A	
STREET ADDRESS	1154 HATLEE TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	S	<input type="checkbox"/> Delete
NAME	SARMS, TRACY H	
STREET ADDRESS	24 DIXIE DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

856-574-9291

Daytime Phone #

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90655 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)