

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G20498

1. Entity Name

~~PRESTON H. HASKELL COMPANY~~ THE HASKELL COMPANY

Principal Place of Business

111 RIVERSIDE AVE.
P O BOX 44100
JACKSONVILLE FL 32231-4100

Mailing Address

111 RIVERSIDE AVE.
P O BOX 44100
JACKSONVILLE FL 32231-4100

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 59-2387450

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

VANDERGRIF, C. EDWARD
111 RIVERSIDE AVE.
JACKSONVILLE FL 32231-4100

Name: Hans Tanzler
Street Address (P.O. Box Number is Not Acceptable): 111 Riverside Ave
City: Jacksonville FL Zip Code: 32231-4100

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HASKELL, PRESTON 111 RIVERSIDE AVE JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HASKELL, PRESTON H. 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANDERGRIF, C. EDWARD 111 RIVERSIDE AVE JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALVERSON, STEVEN T. 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANDERGRIF, C. EDWARD 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COBB, JOHN R. 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV TANZLER III, HANS G. 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:


Hans G. Tanzler III Sr. Vice President, Secretary & CFO

2/23/00

904/791-4500

Daytime Phone #

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90047 009 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)