

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90391 007 ***150.00

DOCUMENT # G27228

1. Entity Name
HAILE REALTY, INC.

Principal Place of Business

**5300 SW 91 TERRACE
 GAINESVILLE FL 32608
 US**

Mailing Address

**5300 SW 91 TERRACE
 GAINESVILLE FL 32608
 US**

2. Principal Place of Business

**5201 SW 91 Drive
 Suite A**

3. Mailing Address

**5201 SW 91 Drive
 Suite A**

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32608

Country

USA

Zip

32608

Country

USA

4. FEI Number

59-2270369

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT
 5300 SW 91 TERRACE
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name

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

**5201 SW 91 Drive
 Suite A**

City

Gainesville

FL

Zip Code
32608

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, 2002 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 **P** ☐ Delete
 NAME **KRAMER, ROBERT**
 STREET ADDRESS **5300 SW 91 TERRACE**
 CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **V** ☐ Delete
 NAME **COOPER, J CLEVELAND III**
 STREET ADDRESS **5300 SW 91 TERRACE**
 CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **V** ☐ Delete
 NAME **KASKEL, MATTHEW**
 STREET ADDRESS **10295 SW 248 ST.**
 CITY-ST-ZIP **MIAMI FL 33032**

TITLE **ST** ☐ Delete
 NAME **DOLSAK, CHARLES**
 STREET ADDRESS **5300 SW 91 TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **5201 SW 91 Drive, Suite A**
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **5201 SW 91 Drive, Suite A**
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **5201 SW 91 Drive, Suite A**
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 powers.

SIGNATURE: Robert B. Kramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

352-335-7766

Daytime Phone #

CR2E034 (9/01)