

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G70486**

1. Entity Name

HAYMAN RANCH, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90014 042 ***150.00

Principal Place of Business

P.O. BOX 117
KENANSVILLE FL 34739

Mailing Address

P.O. BOX 117
KENANSVILLE FL 34739

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 **59-2392226**

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

REW, THOMAS
2328 SW DANFORTH CIRCLE
PALM CITY FL 34990

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 State10. 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	M	<input type="checkbox"/> Delete
NAME	REW, THOMAS	
STREET ADDRESS	2328 SW DANFORTH CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HAYMAN, JACK	
STREET ADDRESS	821 HONOLULA	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HAYMAN, WILLIAM	
STREET ADDRESS	1317 DRUID ISLE RD.	
CITY-ST-ZIP	MATLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

Thomas E. Rew**1/3/01**

Date

407-436-1062

Daytime Phone #

CR2E034 (10/00)

0555368