

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40809

1. Entity Name

HAMILTON AND PHILLIPS, P.A.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90011 037 ***150.00

Principal Place of Business

789 WEST LUMSDEN ROAD
BRANDON FL 33511

Mailing Address

789 WEST LUMSDEN ROAD
BRANDON FL 33511-6261

2. Principal Place of Business

777 W. LUMSDEN RD
Suite, Apt. #, etc.

3. Mailing Address

777 W LUMSDEN RD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brandon, FL

City & State

Brandon, FL

4. FEI Number

59-2479783

Applied For

Not Applicable

Zip

33511

Country

US

Zip

33511

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, GREGORY C.
789 WEST LUMSDEN ROAD
BRANDON FL 33511

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
HAMILTON, GREGORY C.
4614 RIDGECLIFF DRIVE
BRANDON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
PHILLIPS, LAURA
120 BESSEMER CR
BRANDON FL 33511

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 813-689-7480