

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H70614

1. Entity Name

HACIENDA SERVICE CORP.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90155 010 ***158.75

Principal Place of Business

Mailing Address

286 CLUB RIO
EDGEWATER FL 32141

286 CLUB RIO
EDGEWATER FL 32141-7261

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 59-2570532

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

OSWALD, KENNETH F.
600 COURTLAND ST
SUITE 110
ORLANDO FL 32804

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	☐ Delete
NAME	WALLSCHLAEGER, MARK A.	
STREET ADDRESS	278 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	☐ Delete
NAME	WALLSCHLAEGER, KEVIN S	
STREET ADDRESS	2625 TURNBULL ESTATES DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	☐ Delete
NAME	WALLSCHLAEGER, STEVEN M	
STREET ADDRESS	1531 SHADOW PINES	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	☐ Delete
NAME	WALLSCHLAEGER, RANDAL A	
STREET ADDRESS	750 WILLARD STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE: Steven M. Wallschlaeger Steven M. Wallschlaeger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

904-428-1278

Daytime Phone #

CR2E034 (9/99)