

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91194 017 ***558.75

DOCUMENT # H70614

1. Entity Name
HACIENDA SERVICE CORP.

Principal Place of Business
**286 CLUB RIO
 EDGEWATER FL 32141**

Mailing Address
**286 CLUB RIO
 EDGEWATER FL 32141**



DO NOT WRITE IN THIS SPACE

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!
After MAY 1, 2001 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 1*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 the signature of the corporation or the receiver or trustee empowered to execute this report is 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* **Treasurer** **5-15-01 386-428-1278**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)