

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90060 010 ***150.00

BU033641



DO NOT WRITE IN THIS SPACE

DOCUMENT # J22538

1. Entity Name

L.M. HAAS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1001 N US HWY ONE
JUPITER FL 33477
US

1001 N US HWY ONE
801
JUPITER FL 33477-4482
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 306

Suite, Apt. #, etc.

SUITE 306

City & State

City & State

4. FEI Number

59-2720867

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

HUNSTON, W. JAY, JR.
515 N. FLAGLER DRIVE
SUITE 1900
WEST PALM BEACH FL 33401

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	DP	<input type="checkbox"/> Delete
NAME	KOLAR, KENNETH F	
STREET ADDRESS	20 SHADY LANE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, NORMA A.	
STREET ADDRESS	1001 N US HWY ONE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERNS, DORISMAE	
STREET ADDRESS	19669 BEACH ROAD, UNIT D	
CITY-ST-ZIP	JUPITER ISLAND FL 33469	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	KERNS, HUBIE J.	
STREET ADDRESS	620 RESOLANO DR.	
CITY-ST-ZIP	PACIFIC PALISADE CA 90272	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KOLAR, SHEREE K.	
STREET ADDRESS	20 SHADY LANE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

2-29-00 561-746-1448

CR2E034 (9/99)