

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K15495

1. Entity Name

HAMMOCK DE GALVEZ, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90082 013 ***150.00

Principal Place of Business

Mailing Address

1720 ST MARYS BAY DRIVE
MILTON FL 32583

1720 ST MARYS BAY DRIVE
MILTON FL 32583-7430

2. Principal Place of Business

3. Mailing Address

10100 HILLVIEW RD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

221

City & State

City & State

PENSACOLA, FL

Zip
32514

Country
USA

Zip

Country

4. FEI Number 59-2891945

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

COKER, DENTON R.
1720 ST MARYS BAY DRIVE
MILTON FL 32583

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 DENTON R. COKER PRES.

(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 PD ☐ Delete
NAME COKER, DENTON R
STREET ADDRESS 1720 ST MARY'S BAY DR
CITY-ST-ZIP MILTON FL 32583

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

TITLE VD ☐ Delete
NAME GRAY, LUCY M.
STREET ADDRESS 1708 ST MARYS BAY DR
CITY-ST-ZIP MILTON FL

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

TITLE VD ☐ Delete
NAME GARY, LUCY M
STREET ADDRESS 1720 ST MARY'S BAY DR
CITY-ST-ZIP MILTON FL 32583

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

TITLE TD ☐ Delete
NAME COKER, OCTAVIA M.
STREET ADDRESS 1720 ST MARYS BAY DR
CITY-ST-ZIP MILTON FL

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

TITLE SD ☐ Delete
NAME SELLERS, CHARLOTTE M.
STREET ADDRESS 1716 ST MARYS BAY DR.
CITY-ST-ZIP MILTON FL

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

TITLE ☐ Delete
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: DENTON R. COKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 (850) 473-1649

Date

Daytime Phone #

CR2E034 (9/99)