

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38454

1. Entity Name

HAWTHORNE CAPITAL CORPORATION

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90113 016 ***150.00

Principal Place of Business

11883 PEBBLEWOOD DRIVE
WELLINGTON FL 33414

Mailing Address

11883 PEBBLEWOOD DRIVE
WELLINGTON FL 33414-6032

2. Principal Place of Business

7966 ROYAL BIRKDALE CIRCLE

3. Mailing Address

7966 ROYAL BIRKDALE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

23-2481709

Applied For

Not Applicable

Zip

34202

Country

Zip

34202

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

LEOPOLD, HARRY
11883 PEBBLEWOOD DRIVE
PLANTATION FL 33324

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	D	<input type="checkbox"/> Delete
NAME	LEOPOLD, HARRY	
STREET ADDRESS	11883 PEBBLEWOOD DRIVE 7966 ROYAL BIRKDALE	
CITY-ST-ZIP	WEST PALM BEACH FL BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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

Harry Leopold

Date

Daytime Phone #

3-24-00 981907-1140

CR20004 (3/99)