

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028366 AF

DOCUMENT # L95000000738

1. Entity Name  
HANCOCK MANAGEMENT, L.C.

FILED

01 APR 11 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4004 S. 50TH STREET  
TAMPA FL 33619

Mailing Address

P.O. BOX 708  
ANNA MARIA FL 34216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 708  
Suite, Apt. #, etc.  
217 OAK AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ANNA MARIA, FL

City & State

Zip

34216

Country

USA

Zip

Country

4. FEI Number

59-3339710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZIGULICH, JOSEPH D JR.  
4004 S. 50TH STREET  
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

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

217 OAK AVE

City

ANNA MARIA

FL

Zip Code

34216

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300004035503--1  
-04/20/01--01064--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BASEMAN, STEPHEN J  
866 HUDSON AVE  
SARASOTA FL 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ZIGULICH, JOSEPH D JR.  
217 OAK AVE. (P.O. BOX 708)  
ANNA MARIA FL 34216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/01

941-778-7278

CR2E083 (11/00)