

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007391

1. Entity Name

HATIAN WOOD INITIATIVE, INC.

Principal Place of Business

Mailing Address

1634 SCHULTZ CT., APT. 1  
KEY WEST FL 33040

1634 SCHULTZ CT., APT. 1  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

1634 Scholtz  
Suite, Apt. #, etc. #1

1634 Scholtz Ct  
Suite, Apt. #, etc. #1

City & State  
Key West, FL

City & State  
Key West, FL

Zip  
33040

Country  
USA

REINSTATEMENT

4. FEI Number  
65-106-4891

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISHERWOOD, STEPHEN S  
801 WHITEHEAD ST.  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name: Glenna L. Stinson  
Street Address (P.O. Box Number is Not Acceptable): 1634 Scholtz Ct #1  
City: Key West, FL Zip Code: 33040

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

*Glenna L. Stinson*

(NOTE: Registered Agent signature required when reinstating)

DATE

10/31/01

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINSON, GLENNA 1634 SCHULTZ CT., APT. 1 KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARCY, JEREMY 981 BUTTERFIELD RD. SAN ANSELMO CA 91960	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, JIM 1202 SALE AVE. LOUISVILLE KY 40215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael C. Craig 2133 1/2 Louella Ave Venice, CA 90291	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004718709--2 -12/11/01--01031--024 ****236.25	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Humphrey 1202 SALE AVE LOUISVILLE KY 40215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Glenna L. Stinson*

10/31/01

0005776

CR2E037 (5/01)