

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90082 034 ****61.25

DOCUMENT # NO2000007859

1. Entity Name

HANNAH'S HOUSE, INC.



Principal Place of Business

**4305 AVE CANNES
LUTZ FL 33558**

Mailing Address

**4305 AVE CANNES
LUTZ FL 33558**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0132895

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

**KELLY, DEEDEE
4305 AVE CANNES
LUTZ FL 33558**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D KELLY, DEEDEE**
STREET ADDRESS **4305 AVE CANNES**
CITY-ST-ZIP **LUTZ FL 33558**

TITLE ☐ Change ☒ Addition
NAME **JO ANN EATON**
STREET ADDRESS **715 CAROLINA AVE**
CITY-ST-ZIP **TARPEN SPRING FL 34689**

TITLE ☐ Delete
NAME **D KELLY, DANIEL B**
STREET ADDRESS **4305 AVE CANNES**
CITY-ST-ZIP **LUTZ FL 33558**

TITLE ☐ Change ☒ Addition
NAME **DAVID STRELSEN**
STREET ADDRESS **5117 STRATTON AVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME **D QUIMBY, PATRICIA H**
STREET ADDRESS **5309 NORTHDAL BLVD**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☒ Addition
NAME **RAY SANABRIA**
STREET ADDRESS **4425 GOLF CLUB LN**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

REQUIRED

1/24/03

800 644 6830

CR2E037 (10/02)