

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90194 010 \*\*\*150.00

**DOCUMENT # P00000097615**

1. Entity Name  
**WILLIAM J. HADAWAY, P.A.**

*LA*

Principal Place of Business  
**340 CROWN OAK CENTER DRIVE**  
**LONGWOOD FL 32750**

Mailing Address  
**340 CROWN OAK CENTER DRIVE**  
**LONGWOOD FL 32750**

2. Principal Place of Business  
**1890 SEMARAN BLVD**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**395**

City & State  
**WINTER PARK FL**

City & State  
**FLORIDA**

Zip

Country

Zip

Country

**32792**

**CA**

4. FEI Number

**59-3677305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADAWAY, WILLIAM J**  
**650 CAYUGA DRIVE**  
**WINTER SPRINGS FL 32708**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**HADAWAY, WILLIAM J**  
**650 CAYUGA DRIVE**  
**WINTER SPRINGS FL 32708**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change

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 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*William J. Hadaway*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/01**

**407-772-1444**

CR2E034 (5/01)

Attachment  
Doc # P00000097015

**WILLIAM J. HADAWAY P.A.**  
**1890 SEMORAN BLVD. SUITE 395**  
**WINTER PARK, FL. 32792**

July 5, 2001

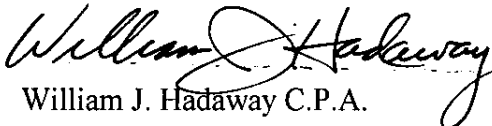
Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl.  
32302-1500

We previously filed our return on April 30, 2001 and included our check # 1214 for \$ 150.00, which has been cashed. You sent us back the form because we had failed to include our FEI number in box 4. We resubmitted this form with our number filled in immediately. Today, we received another URB, which we have again entered the FEI number in box 4.

We do not believe we should be subject to any penalty under the circumstances.

Thank you in advance for your favorable decision in this matter.

Very truly yours,

  
William J. Hadaway C.P.A.

RECEIVED  
JUL 10 2001  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS

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