

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020383

1. Entity Name

HAILE PLANTATION INSTITUTE, INC.

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-24-2002 91330 032 ***150.00

Principal Place of Business

5300 SW 91ST TERRACE
GAINESVILLE FL 32608

Mailing Address

5300 SW 91ST TERRACE
GAINESVILLE FL 32608

94701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-1009155

☒ Applied For☐ Not Applicable

Zip

Country

Zip

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

MEDINA, RICK
5330 SW 91ST TERRACE
GAINESVILLE FL 32608

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 state if applicable

(NOTE: Registered Agent's signature required when transferring)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				D	Kramer, Robert B.	5300 SW 91st Terrace	Gainesville, FL 32608
				D	Rowe, Robert R.	5300 SW 91st Terrace	Gainesville, FL 32608
				D	Cooper, Cleveland	5300 SW 91st Terrace	Gainesville, FL 32608

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:

Robert B. Kramer

April 30, 2002 352-336-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)