

- AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-08-2002 90235 019 *****61.25

FILED P16775

02 JUL 15 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16775

1. Entity Name **HAMMOND VENTURE, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O THE ALLEN MORRIS CO

3. Mailing Address
C/O THE ALLEN MORRIS CO

Suite, Apt. #, etc.
1000 BRICKELL AVE 3RD FL

Suite, Apt. #, etc.
1000 BRICKELL AVE 3RD FL

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country

Zip
33131

Country

4. FEI Number **59-2248649**

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MORRIS, W. ALLEN**

Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVE. 12TH FLOOR

City **MIAMI**

FL

Zip Code
33131

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 15 Fee is \$150.00
After May 15 Fee is \$550.00
Amended UBR is \$81.25
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

TITLE **PD**
NAME **BELL, JAMES F. (JR.)**
STREET ADDRESS **1160 JOHNSON FERRY RD NE**
CITY-ST-ZIP **ATLANTA, GA 30319**

TITLE **VD**
NAME **MORRIS, W. ALLEN**
STREET ADDRESS **1000 BRICKELL AVE #1200**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VD**
NAME **RUPP, GARY L.**
STREET ADDRESS **1000 BRICKELL AVE #300**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **STD**
NAME **CONNORS, M. NOEL**
STREET ADDRESS **1000 BRICKELL AVE #300**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VD**
NAME **DALE I. GRAHAM**
STREET ADDRESS **1000 BRICKELL AVE #1200**
CITY-ST-ZIP **MIAMI, FL 33131**

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IN THIS SPACE**

John/15

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-358-1000

CR2E034B (12/01)