

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31583

1. Entity Name

HAWTHORNE LAKELAND, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90233 013 ***150.00

Principal Place of Business

Mailing Address

3470 DRANE FIELD ROAD
LAKELAND FL 33811

P.O. BOX 61000
CHARLESTON SC 29419-1000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winston-Salem, NC

Zip

Country

Zip

Country

27102

USA

4. FEI Number

57-0923063

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

HARTON, T. DEAN
C/O LAKELAND AIR CENTER
3470 DRANE FIELD ROAD
LAKELAND FL 33811

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD ☐ Delete
NAME HARTON, T. DEAN
STREET ADDRESS PO BOX 525
CITY-ST-ZIP WINSTON-SALEM NC 27102

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

TITLE SVP ☐ Delete
NAME THRIFT, BILL
STREET ADDRESS PO BOX 525
CITY-ST-ZIP WINSTON-SALEM NC 27102

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

TITLE VCFO ☐ Delete
NAME FLORENCE, JAMES F
STREET ADDRESS PO BOX 525
CITY-ST-ZIP WINSTON-SALEM NC 27102

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

TITLE VPS ☐ Delete
NAME LEDFORD, GREGORY
STREET ADDRESS 1001 PENN. AVE
CITY-ST-ZIP WASHINGTON DC 20004

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

TITLE VD ☐ Delete
NAME THRIFT, BILL
STREET ADDRESS 43 ANDERSON AVE.
CITY-ST-ZIP CHARLESTON SC

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

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:

James H. Florence James H. Florence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)