

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90155 026 ***150.00

DOCUMENT # P93000001904

1. Entity Name
WINSLOW D. HAWKES III, P.A.

Principal Place of Business 10190 TRAILWOOD WAY JUPITER FL 33478	Mailing Address P. O. BOX 1906 JUPITER FL 33468-1906
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2. Principal Place of Business SIS N. FLAGLER DRIVE	3. Mailing Address
Suite, Apt. #, etc. SUITE 900	Suite, Apt. #, etc.
City & State WEST PALM BEACH, FL	City & State
Zip 33401	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0377310**

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

6. Name and Address of Current Registered Agent
**HAWKES, WINSLOW D III
 10190 TRAILWOOD WAY
 JUPITER FL 33478**

7. Name and Address of New Registered Agent

Name
HAWKES, WINSLOW D. III

Street Address (P.O. Box Number is Not Acceptable)
1264 S.E. COLONY WAY

City
JUPITER

FL Zip Code
33478

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]* **WINSLOW D. HAWKES III, PRESIDENT** 4/18/2000
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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	D HAWKES, WINSLOW D III 10190 TRAILWOOD WAY JUPITER FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, MICHAEL J 1801 AUSTRALIAN AVE SOUTH #100 W PALM BEACH FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **WINSLOW D. HAWKES III, PRESIDENT** 4/18/00 833.2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #