

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94000041914

1. Entity Name

HISTORIC HANDER HALL, INC

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90028 019 \*\*\*150.00

Principal Place of Business

Mailing Address

111 NORTH "M" ST.  
LAKE WORTH, FL 33460

00000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

65-0496041

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDRIC C. BURESH, ESQ  
800 SE 3RD ST  
FT. LAUDERDALE, FL 33316

Name: EUGENE A. CONTI  
Street Address (P.O.-Box Number is Not Acceptable): 111 NORTH "M" ST  
LAKE WORTH,  
City: LAKE WORTH FL Zip Code: 33460

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)

4/13/00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	EUGENE A. CONTI	111 NORTH "M" ST	LAKE WORTH, FL 33460	<input type="checkbox"/>
DIRECTOR	LINE LIMON	111 NORTH "M" ST	LAKE WORTH, FL 33460	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00  
Date

(561) 547-4766  
Daytime Phone #

CR2E034 (9/99)