2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} DOCUMENT # **P94000054636** Jul 26, 2000 8:00 am 1. Entity Name **Secrétary of State** THE HAN GROUP, INC. 07-26-2000 90018 009 ***150.00 Mailing Address Principal Place of Business 120 NORTH WESTMONTE DRIVE 120 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3255900 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HYLTIN, ANDREW A Street Address (P.O. Box Number is Not Acceptable) 120 NORTH WESTMONTE DR. **ALTAMONTE SPRINGS FL 32714** 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. (NOTE: Registered Agent signature required when reinstating) if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete TITLE TITLE HYLTIN, ANDREW A NAME NAME 120 N. WESTMONTE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-7IP ☐ Change ☐ Addition Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITE F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME **TMAN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered.

SIGNATURE:

-20-00

Doc#P9400054636 B0103671

Altamonte Springs Oviedo Winter Park Orlando S.O.B.T. Church Street Tavares



Corporate Office 140 N. Westmonte Drive Suite 203 Altamonte Springs, FL 32714 Office (407) 869-8008 Fax (407) 869-8039

July 20, 2000

Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

This letter is concerning the 2000 Uniform Business Report that is enclosed. We did not receive the first notice. The enclosed is the second notice.

After telephoning your department today, we were instructed to make any necessary address changes and forward this report with a fee of \$150.00.

If you have any questions, please call (407) 869 - 8008.

Sincerely,

"Home of Texas Hospitality"