

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024489

1. Entity Name
HANAN PROPERTIES, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90218 035 ***150.00

Principal Place of Business

**750 EAST BAY ST
SUITE 950
JACKSONVILLE 32 32202
US**

Mailing Address

**750 EAST BAY ST.
SUITE 950
JACKSONVILLE 32 32202
US**

2. Principal Place of Business

17 LA VISTA DRIVE
Suite, Apt. #, etc.

3. Mailing Address

17 LA VISTA DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BEACH, FL.

City & State

PONTE VEDRA BEACH, FL

4. FEI Number **59-3305748**

Applied For

Not Applicable

Zip

32082

Country

ST. JOHNS

Zip

32082

Country

ST. JOHNS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHN H HANAN
750 EAST BAY ST
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17 LA VISTA DRIVE

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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, 2001 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

TITLE **D** ☐ Delete
NAME **HANAN, JOHN H**
STREET ADDRESS **750 EAST BAY STREET**
CITY-ST-ZIP **JACKSONVILLE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

JOHN H. HANAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01 (904) 273-4050
Date Daytime Phone #

CR2E034 (10/00)