

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079072

1. Entity Name

HANNA & HANNA, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90009 006 \*\*\*150.00

Principal Place of Business

Mailing Address

1522 N. DIXIE HWY  
 WEST PALM BEACH FL 33401  
 US

1522 N. DIXIE HWY  
 WEST PALM BEACH FL 33401-7045  
 US

2. Principal Place of Business

3. Mailing Address

502 PALM ST

502 PALM ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#20

#20

City & State  
 WEST PALM BEACH FL

City & State  
 WEST PALM BEACH FL

Zip  
 33401

Country  
 Palm Beach

Zip  
 33401

Country  
 Palm Beach

4. FEI Number 65-0613055

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

HANNA, WALTER  
 2937 VARSITY LANE  
 PORT ST LUCIE FL 34953

Name Hanna Robert  
 Street Address (P.O. Box Number is Not Acceptable)  
1901 FLORIDA AVE  
 City WEST PALM BEACH FL Zip Code 33401

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	<input checked="" type="checkbox"/> Delete
NAME	HANNA, WALTER	
STREET ADDRESS	2937 VARSITY LANE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HANNA, ROBERT	
STREET ADDRESS	1901 FLORIDA AVENUE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA ROBERT	
STREET ADDRESS	1901 FLORIDA AVE	
CITY-ST-ZIP	WEST PALM BCH	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA WALTER	
STREET ADDRESS	2937 VARSITY LANE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

Date

561 832 5700

Daytime Phone #

CR2E034 (9/99)