

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000056423**

1. Entity Name

HAMMACK ENTERPRISES, INC.**FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90292 016 ***150.00

Principal Place of Business

**540 INTERSTATE CT
SARASOTA FL 34240
US**

Mailing Address

**3445 N. CAUSEWAY BLVD
4TH FLOOR
METAIRIE LA 70002
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3445 N. Causeway Blvd.

3. Mailing Address

3445 N. Causeway Blvd.

Suite, Apt. #, etc.

Suite 1025

Suite, Apt. #, etc.

Suite 1025

City & State

Metairie, LA

City & State

Metairie, LA4. FEI Number **72-1330903**

Applied For

Not Applicable

Zip

70002

Country

USA

Zip

70002

Country

USA5. 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

**WOOLFOLK, EDMUND T ESQ.
315 E. ROBINSON STREET, SUITE 555
ORLANDO FL 32801**

Name

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

City

FL

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV HAMMACK, WILLIAM M 3445 N. CAUSEWAY BLVD., 4TH FLOOR METAIRIE LA 70002	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3445 N. Causeway Blvd., Ste. 1025	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARMELEE, JANICE 3445 N. CAUSEWAY BLVD., 4TH FLOOR METAIRIE LA 70002	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3445 N. Causeway Blvd., Ste. 1025	

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Parmelee

1/24/01

504/846-8283

Date

Daytime Phone #

CR2E034 (10/00)