2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087836 1. Entity Name

HANNA OAKS ALF, INC.

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90014 007 ***150.00

Principal Plac	ce of Business	Mailing Address					
EAST HANNA AVE AMPA FL 33602		750 STARKEY ROAD LARGO FL 33771-2365					
-					T CORRESPONDE EN O SANCE ANGEL ARRENT BOOK ARRENT ARRENT	e n k o rra k ensa t h ahan k	Y (8
Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE			
				4. FEI Number 59-3405674 Applied F		oplied For	
Zip	Country	Zip	Countr	,	5. Certificate of Status Desired	\$9.75 Ad	ditional
	C. Name and Address of Comment F	logistered Agent	<u> </u>		7. Name and Address of New Register		
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Address of New Register	eu Ageilt	
MOG	DEC MICHAEL						
	SES, MICHAEL STARKEY RD	Street Address		Street Address (F	O. Box Number is Not Acceptable)		
	GO FL 33771		-				
LAM	GO FL 33// I		L				
				City		Zip Coc	le
9. This corporation is etigible to satisfy its Intengible Tax filing requirement and elects to do so. FILE NO. After MAY 1,			TE: Registered .	Agent signature required	when reinstating) DA	NIE.	
Tax filing	requirement and elects to do so.	FILE NOW After MAY 1, 2	000 Fee w	ill be \$550.00	Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
Tax filing (See crite	requirement and elects to do so.	After MAY 1, 26 Make Check Paya	000 Fee w ble to Dep	ill be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	∐ Ådde	d to Fees
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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.

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Daytime Phone #

☐ Change

Addition