

2001 UNIFORM BUSINESS REPORT (UBR)

2/21

FILED
Mar 20, 2001 8:00 am
Secretary of State

02-28-2001 90034 014 ***150.00

DOCUMENT # P97000048915

1. Entity Name
JAMES F. HANRAHAN, P.A.

Principal Place of Business
**520 PUTTER LANE
LONGBOAT KEY FL 34228**

Mailing Address
**P O BOX 3319
SARASOTA FL 34236
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2383 Harbour Oak Dr
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longboat Key, FL

City & State

4. FEI Number **65-0758050**

Applied For
Not Applicable

Zip
34228

Country

Zip

Country

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

**HANRAHAN, JAMES F
520 PUTTER LN
LONGBOAT KEY FL 34228**

Name
Street Address (P.O. Box Number is Not Acceptable)
2383 Harbour Oak Drive
City **Longboat Key** FL Zip Code **34228**

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

(NOTE: Registered Agent signature required when resigning)

3-15-01

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	PD HANRAHAN, JAMES F 520 PUTTER LN LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2383 Harbour Oak Dr. Longboat Key, FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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

Date

Daytime Phone #

3-15-01

CR2034 (10/00)