

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062694

1. Entity Name

LEWIS K. HANNA, P.A.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90041 024 ***150.00

Principal Place of Business

190 N.W. SPANISH RIVER BLVD
202
BOCA RATON FL 33431

Mailing Address

190 N.W. SPANISH RIVER BLVD
202
BOCA RATON FL 33431-4217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0776240

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, LEWIS K
BOCA CORPORATE CENTRE, SUITE 313
7777 GLADES ROAD
BOCA RATON FL 33434

Name Lewis K. Hanna
Street Address (P.O. Box Number is Not Acceptable)
Spanish River Center, Suite 202
190 N.W. Spanish River Blvd.
City Boca Raton, FL Zip Code 33431

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  Lewis K. Hanna 2/2/00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D HANNA, LEWIS K 777 GLADES ROAD, SUITE 313 BOCA RATON FL 33434	<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:  Lewis K. Hanna 2/2/00 (561) 361-9883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)