

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106262

1. Entity Name  
THE HAYES UNITED, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90050 013 \*\*\*150.00

Principal Place of Business  
11250 OLD ST AUGUSTINE RD  
UNIT 20  
JACKSONVILLE FL 32257

Mailing Address  
3900 OLDFIELD  
CROSSING-DR #904  
JACKSONVILLE FL 32223

915488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

564 PROSPERITY LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ST. AUGUSTINE, FL.

4. FEI Number 59-3486144

Applied For

Not Applicable

Zip

Country

Zip

32092

Country

USA

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

HAYES, JEFFREY R  
3900 OLDFIELD CROSSING DR #904  
JACKSONVILLE FL 32223

Name- HAYES, JEFFREY R.

Street Address (P.O. Box Number is Not Acceptable)  
564 PROSPERITY LAKE DR.

City ST. AUGUSTINE

FL

Zip Code 32092

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's signature required when reinstating)

DATE

1-31-01

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 DP  
NAME HAYES, JEFFREY R  
STREET ADDRESS 3900 OLDFIELD CROSSING DR #904  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE DP  
NAME HAYES, JEFFREY R.  
STREET ADDRESS 564 PROSPERITY LAKE DR.  
CITY-ST-ZIP ST. AUGUSTINE, FL. 32092 ☒ Change ☐ Addition

TITLE DS  
NAME HAYES, TRACI L  
STREET ADDRESS 3900 OLDFIELD CROSSING DR #904  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE DS  
NAME HAYES, TRACI L.  
STREET ADDRESS 564 PROSPERITY LAKE DR.  
CITY-ST-ZIP ST. AUGUSTINE, FL. 32092 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY R. HAYES

1-31-01

Date

904 886-7474

Daytime Phone #

CR2E034 (10/00)