## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P98000001808** Feb 20, 2001 8:00 am Secretary of State 1. Entity Name HANSEN DEVELOPMENT COMPANY 02-20-2001 90026 014 \*\*\*150.00 Mailing Address Principal Place of Business 3325 S.E. BALLANTRAE BLVD. 1767 SENTRY PKWY. WEST PORT ST.LUCIE FL 34952 SUITE 200 **BLUE BELL PA** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0813444 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANSEN, E. F. JR Street Address (P.O. Box Number is Not Acceptable) 512 SWEET BAY CIRCLE JUPITER FL 33458 234 Barbados Drive 8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. X (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition TITI F ☐ Delete HANSEN, ELMER F JR NAME NAME 234 Barbados Dr. -512 SWEET BAY CIRCLE STREET ADDRESS STREET ADDRESS Jupiter, FL 33458 JUPITER FL 33458-CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE SHERMAN, DAVID S NAME STREET ADDRESS 1767 Sentry PKW1. West, Suite 200 1767 SENTRY PKWY. WEST STREET ADDRESS CITY-ST-ZIP **BLUE BELL PA 19422** CITY-ST-ZIP TITLE Delete TITLE HANSEN, ELMER F III NAME NAME Suite 200, 1767 Sentix PKWY West 265 CRANE POINT S STREET ADDRESS STREET ADDRESS Blue Bell, PA 19422 CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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