

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045716

1. Entity Name  
HENNESSY FINANCIAL GROUP, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90357 028 \*\*\*150.00

Principal Place of Business  
5305 NW 49TH STREET  
COCONUT CREEK FL 33073

Mailing Address  
5305 NW 49TH STREET  
COCONUT CREEK FL 33073

AVUDJL24



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3739 Pompano Court  
Suite, Apt. #, etc.

3. Mailing Address  
3739 Pompano Court  
Suite, Apt. #, etc.

City & State  
Gotha, FL

City & State  
Gotha, FL

4. FEI Number 65-0851333

Applied For  
Not Applicable

Zip 34734 Country USA

Zip 34734 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOMLENY, ANN  
5305 NW 49TH STREET  
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name Ann Bomlery  
Street Address (P.O. Box Number is Not Acceptable)  
3739 Pompano Court  
City Gotha FL Zip Code 34734

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 Ann H. Bomlery Ann H. Bomlery 4/28/01  
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, 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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	BOMLENY, ANN	
STREET ADDRESS	5305 NW 49TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Bomlery	
STREET ADDRESS	3739 Pompano Court	
CITY-ST-ZIP	Gotha, FL 34734	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Ann H. Bomlery President 4/28/01 407/532-5419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)