

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050756

1. Entity Name

H.A.M.A. INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90122 004 ***150.00

Principal Place of Business

Mailing Address

5220 SOUTH RUSSELL STREET
UNIT 31
TAMPA FL 33611-4055

5220 SOUTH RUSSELL STREET
UNIT 31
TAMPA FL 33611-4055

2. Principal Place of Business

3. Mailing Address

390 N Orange Ave
Suite 1100
Orlando, FL
32801

390 N. Orange Ave
Suite 1100
Orlando, FL
32801



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3578285

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

LYNN, ELISE
101 E KENNEDY BLVD
STE 200
TAMPA FL 33602

Name James E Slater

Street Address (P.O. Box Number is Not Acceptable)

390 N Orange Ave Suite 1100
390

City Orlando

FL

Zip Code 32801

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

James E. Slater

JAMES E. SLATER 4/25/00

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

TITLE PD
NAME ROSEN, ROBERT T
STREET ADDRESS 390 N ORANGE AVE STE 1100
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Robert T. Rosen, President

4/25/00

(407)839-4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)