

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054946

1. Entity Name

HANA ASSOCIATES, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90030 002 \*\*\*150.00

Principal Place of Business

Mailing Address

357 6TH AVE W  
BRADENTON FL 34205

357 6TH AVE W  
BRADENTON FL 34205-8820

2. Principal Place of Business

183 BATH CLUB BLVD N

3. Mailing Address

183 BATH CLUB BLVD N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. REDINGTON BEACH FL

City & State

NORTH REDINGTON BEACH FL

Zip

33708

Country

Zip

33708

Country

FL

4. FEI Number

59-3515648

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

GUNTER, ROBERT A  
357 6TH AVE W  
BRADENTON FL 34205

Name

ROBERT GUNTER

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

183 BATH CLUB BLVD N

City

NORTH REDINGTON FL

Zip Code

33708

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 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 D ☐ Delete  
NAME GUNTER, ROBERT A  
STREET ADDRESS 183 BATH CLUB BLVD N  
CITY-ST-ZIP NORTH REDINGTON BEACH FL 33708

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

TITLE D ☐ Delete  
NAME BISHOP, PAULA KELLEY  
STREET ADDRESS 183 BATH CLUB BLVD N  
CITY-ST-ZIP NORTH REDINGTON BEACH FL 33708

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)