

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054946

1. Entity Name  
HANA ASSOCIATES, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90176 038 \*\*\*185.00

Principal Place of Business Mailing Address  
~~357 6TH AVE W-~~  
~~BRADENTON FL 34205~~  
~~357 6TH AVE W-~~  
~~BRADENTON FL 34205~~

2. Principal Place of Business 3. Mailing Address  
1008 1/2 Drew St. 1008 1/2 Drew St.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Clearwater FL. Clearwater, FL.  
Zip Country Zip Country  
33755 Pinellas 33755 Pinellas

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-~~ 1008 1/2 Drew St.  
~~BRADENTON FL 34205~~ Clearwater, FL.  
33755

Name Greg T. Mayer  
Street Address (P.O. Box Number is Not Acceptable)  
1008 1/2 Drew St.  
City Clearwater, FL Zip Code 33755

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 G.T. Mayer

4/29/01

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GUNTER, ROBERT A	
STREET ADDRESS	183 BATH CLUB BLVD N	
CITY-ST-ZIP	NORTH REDINGTON BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISHOP, PAULA KELLEY	
STREET ADDRESS	183 BATH CLUB BLVD N	
CITY-ST-ZIP	NORTH REDINGTON BEACH FL 33708	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: P. Kelley Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01 727-393-8220

Date

Daytime Phone #

CR2E034 (10/00)