

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088462

1. Entity Name

HURRICANE HATTIES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90065 025 \*\*\*150.00

Principal Place of Business

Mailing Address

15 PLAYERS CLUB VILLAS  
PONTE VEDRA BEACH FL 32082

15 PLAYERS CLUB VILLAS  
PONTE VEDRA BEACH FL 32082-3103

2. Principal Place of Business

13846 ATLANTIC BLVD

Suite, Apt. #, etc.

3. Mailing Address

13846 ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

FLORIDA

Zip

32225

Country

FLORIDA

4. FEI Number

59-3538972

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

HEAD, KOKO  
2970 HARTLEY ROAD SUITE 104  
JACKSONVILLE FL 32257

Name

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

9309 OLD KINGS ROAD, SOUTH, SUITE 4

City

JACKSONVILLE

FL

Zip Code

32257

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	PS	<input type="checkbox"/> Delete
NAME	JACKER, STEVEN I	
STREET ADDRESS	15 PLAYERS CLUB VILLAS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WU, DANIEL	
STREET ADDRESS	15 PLAYERS CLUB VILLAS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECK, JOHN	
STREET ADDRESS	15 PLAYERS CLUB VILLAS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13876 ATLANTIC BLVD., BLDG #3
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	WING, DANIEL
CITY-ST-ZIP	13876 ATLANTIC BLVD., BLDG #3
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13876 ATLANTIC BLVD., BLDG #3
CITY-ST-ZIP	JACKSONVILLE, FL 32225
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 all address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 904-221-8081

CR2E034 (9/99)