

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096335

1. Entity Name
PORT HATCHINEHA PROPERTIES, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90083 036 ***550.00

Principal Place of Business

15050 HATCHINEHA ROAD
HAINES CITY FL 33844

Mailing Address

15050 HATCHINEHA ROAD
HAINES CITY FL 33844

A0072166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME / ABOVE

Suite, Apt. #, etc.

3. Mailing Address

6965 HWY 145 So.

Suite, Apt. #, etc.

City & State

HARRISBURG IL

4. FEI Number

59-3541835

Applied For

Not Applicable

Zip

Country

Zip

Country

62946

USA

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

MADDOX, CURTIS L
15050 HATCHINEHA ROAD
HAINES CITY FL 33844

VOID
CHANGE

Name

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

DAVID ALEXANDER - PETERSON & MYERS
141 5th ST. NW

City

WINTER HAVEN

FL

Zip Code

33883-7608

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 DAVID ALEXANDER David Alexander 7-31-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME MADDOX, CURTIS L
STREET ADDRESS 15050 HATCHINEHA ROAD
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CURTIS L. MADDOX ☒ Change ☐ Addition
NAME
STREET ADDRESS 6965 HWY 145 So.
CITY-ST-ZIP HARRISBURG, IL. 62946

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

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

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

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

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

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 CURTIS L. MADDOX 7-31-00 618-252-8310

Date

Daytime Phone #

CR2E034 (5/00)