

2000 UNIFORM BUSINESS REPORT (UBR)

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

08-09-2000 90083 036 ***550.00

DOCUMENT # P98000096335

1. Entity Name
PORT HATCHINEHA PROPERTIES, INC.

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

City & State
HARRISBURG IL

4. FEI Number
59-3541835

Applied For
 Not Applicable

Zip Country
62946 USA

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
~~CURTIS L MADDOX~~
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDOX, CURTIS L 15050 HATCHINEHA ROAD HAINES CITY FL 33844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CURTIS L. MADDOX 6965 HWY 145 So. HARRISBURG, IL. 62946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *CURTIS L. MADDOX* **CURTIS L. MADDOX** **7-31-00** **618-252-8310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)