

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100491

1. Entity Name

HAEM PROPERTIES, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90127 039 ***150.00

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD. STE 100
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD. STE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32255

32255



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3544572

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

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD
NATIONAL FINANCIAL BLDG, STE 100
JACKSONVILLE FL 32216

Name
Michael N. Schneider

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

5150 Belfort Road
Building 100

City
Jacksonville

FL

Zip Code

32256

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DV	STALLINGS, VANCE C	10829 ST AUGUSTINE RD	JACKSONVILLE FL 32257	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DPST	STALLINGS, DANA M	10829 ST AUGUSTINE RD	JACKSONVILLE FL 32257	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	FERGUSON, DANIEL	10829 ST AUGUSTINE RD	JACKSONVILLE FL 32257	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	FERGUSON, LOIS	10829 FERGUSON RD	JACKSONVILLE FL 32257	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)