

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105313

1. Entity Name  
H. A. JOINT PROPERTIES, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90002 046 \*\*\*150.00

Principal Place of Business  
1302 19TH STREET  
TAMPA FL 33605

Mailing Address  
P.O. BOX 18464  
TAMPA FL 33679-8464  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
100 W. Kennedy Blvd  
Suite, Apt. #, etc.  
Suite 720  
City & State  
Tampa, Florida  
Zip  
33602  
Country  
USA

3. Mailing Address  
100 W. Kennedy Blvd  
Suite, Apt. #, etc.  
Suite 720  
City & State  
Tampa, FL  
Zip  
33602  
Country  
USA

4. FEI Number  
593 552874  
APPLIED FOR  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HADLOW, RICHARD B ESQ.  
1302 N 19TH ST  
TAMPA FL 33506

7. Name and Address of New Registered Agent  
Name  
Thomas J Azzarelli  
Street Address (P.O. Box Number is Not Acceptable)  
100 W. Kennedy Blvd  
Suite 720  
City  
Tampa  
FL  
Zip Code  
33602

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  
Thomas J Azzarelli President  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE  
4/12/00

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	PD AZZARELLI, THOMAS J 100 W KENNEDY 720 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HOWEEL, DANIEL B P.O. BOX 18464 TAMPA FL 33679 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Thomas J Azzarelli 4/12/00 813 228 0883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)