

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031179

1. Entity Name

LORETTO PROPERTIES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90146 038 ***150.00

Principal Place of Business

Mailing Address

4130 HIDDEN BRANCH DR.,N.
JACKSONVILLE FL 32257

4130 HIDDEN BRANCH DR.,N.
JACKSONVILLE FL 32257-7680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3566490

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

PEPER, RICHARD C JR.
3030 HARTLEY RD.,STE.150
JACKSONVILLE FL 32257

Name

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

City

FL

Zip Code

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	HAGAN, JOSEPH R	NAME	
STREET ADDRESS	4130 HIDDEN BRANCH DR.,N.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	MEDLEY, WILLIAM C	NAME	
STREET ADDRESS	10304 GRAFTON HALL RD.	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40272	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	HANEY, THOMAS L	NAME	
STREET ADDRESS	11513 SEMILLION LANE	STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40272	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	HAINES, WILLIAM F	NAME	
STREET ADDRESS	3761 LAVILLA DR.	STREET ADDRESS	
CITY-ST-ZIP	POWDER SPRINGS GA 30321	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH R. HAGAN

4/18/2000