

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077996

1. Entity Name

HEMBREE PROPERTIES, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90006 013 \*\*\*150.00

Principal Place of Business

1819 MAIN ST., STE. 610  
SARASOTA FL 34236

Mailing Address

1819 MAIN ST., STE. 610  
SARASOTA FL 34236-5974

2. Principal Place of Business

2121 Main Street

3. Mailing Address

PO Box 2007

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34237

Country

USA

Zip

34230

Country

USA

4. FEI Number

59-3601128

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

NORTON, SAM D  
1819 MAIN ST., STE. 610  
SARASOTA FL 34236

Name

Joe R. Hembree

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

2121 Main Street, Suite C

City

Sarasota

FL

Zip Code

34237

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 of individual 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HEMBREE, JOE R	
STREET ADDRESS	P.O. BOX 2007	
CITY-ST-ZIP	SARASOTA FL 34230-2007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 #

Joe R. Hembree Joe R. Hembree 2/11/00 941-951-1776

CR2E034 (9/99)