

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077996

1. Entity Name

HEMBREE PROPERTIES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90329 038 ***150.00

Principal Place of Business

2121 MAIN STREET
SUITE C
SARASOTA FL 34237

Mailing Address

PO BOX 2007
SARASOTA FL 34230

2. Principal Place of Business

1819 Main Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 402

City & State

Sarasota FL

City & State

Zip

34236

Country

USA

Country

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

HEMBREE, JOE R
2121 MAIN STREET SUITE C
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

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

1819 Main Street, Suite 402

City

Sarasota

FL

Zip Code

34236

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

Joe R. Hembree

Joe R Hembree

4/20/01

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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
NAME HEMBREE, JOE R
STREET ADDRESS P.O. BOX 2007
CITY-ST-ZIP SARASOTA FL 34230-2007

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Joe R. Hembree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe R Hembree 4/20/01

Date

Daytime Phone

941-951-1776

CR2E034 (10/00)