

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097608

1. Entity Name

HASLDORF ACRES, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90264 007 ***150.00

Principal Place of Business

Mailing Address

1380 MONTEREY BLVD., NE
ST PETERSBURG FL 33704

1380 MONTEREY BLVD., NE
ST PETERSBURG FL 33704-2316

2. Principal Place of Business

3. Mailing Address

116 GATEPOST LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CARY

NC

Zip

Country

Zip

Country

27513

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEW, JOHN C ESQ
150 SECOND AVENUE NORTH SUITE 1500
ST PETERSBURG FL 33701

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

TITLE DPT
NAME HASLUP, ALLEN L
STREET ADDRESS 1380 MONTEREY BLVD., NE
CITY-ST-ZIP ST PETERSBURG FL 33704 ☒ Delete

TITLE D/P
NAME HASLUP, ALLEN L
STREET ADDRESS 116 GATEPOST LN
CITY-ST-ZIP CARY, NC 27513 ☒ Change ☐ Addition

TITLE DS
NAME HASLUP, EVA C
STREET ADDRESS 1380 MONTEREY BLVD., NE
CITY-ST-ZIP ST PETERSBURG FL 33704 ☒ Delete

TITLE V/T/S
NAME MARY JO OLSEN
STREET ADDRESS 225 PARIAN RUN
CITY-ST-ZIP DULUTH, GA 30097 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 a address, with all other like empowered.

SIGNATURE:

Allen Lee Haslup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/APRIL/2000

Date

(919) 481-3099

Daytime Phone #

CR2E034 (9/99)