## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **DOCUMENT # \$40891** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name DONNA HANAUER REALTY AND DEVELOPMENT CORP. 04-20-2000 90111 041 \*\*\*150.00 Principal Place of Business Mailing Address 3332 SE INLET HARBER TERR P.O BOX 2273 PALM CITY FL 34991-7273 STUART FL 34996 3. Mailing Address 2. Principal Place of Business 5477 SE MAIOR WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Stupr t Applied For City & State 4. FEI Number 65-0254520 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Hanauer Donna HANAUER, DONNA Street Address (P.O. Box Number is Not Acceptable) 3332 SE INLET HARBOR TERR STUART FL 34996 MAjor Way 34*99*7 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PST P51 Addition TITLE ☐ Delete HANAUER, DONNA HAnawar NAME NAME 2165 SW MAPP RD STREET ADDRESS 5477 SE MAjur WAY STREET ADDRESS CITY-ST-ZIP PALM CITY FL CITY-ST-ZIP Stuart FI 34997 ☐ Change ☐ Addition TITLE TITLE ☐ Delete HAnauer, Donna HANAUER, DONNA NAME NAME 5477 SE MAjor WAY 2165 SW MAPP RD STREET ADDRESS STREET ADDRESS PALM CITY FL CITY-ST-ZIE Stuart F1 34997 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE HANAUER, RONALD J. NAME NAME Honauer. 5477 SE MAJUR WAY 2165 SW MAPP RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL. CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Hanauer 4-14-00 (Sc1) 287-US20