

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90055 043 \*\*\*158.75

**DOCUMENT # V13410**

1. Entity Name

**HALLIDAY FAMILY CORP.**

Principal Place of Business

**10097 CLEARY BLVD  
 SUITE 277  
 PLANTATION FL 33324  
 US**

Mailing Address

**10097 CLEARY BLVD  
 SUITE 277  
 PLANTATION FL 33324  
 US**

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

**65-0310271**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HALLIDAY, III, ROBERT  
 10097 CLEARY BLVD, SUITE 277  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **DAVID M. GAYNES, ESQUIRE**

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

**7153 Catania Drive**

City

**Boynton Beach**

**FL**

Zip Code

**33437**

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

*David M. Gaynes*

**David M. Gaynes, Esquire 1/14/2002**

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, 2002 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 **DP** ☐ Delete  
 NAME **HALLIDAY, ESTHER**  
 STREET ADDRESS **10097 CLEARY BOULEVARD, STE. 277**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VPD** ☐ Delete  
 NAME **HALLIDAY, ROBERT**  
 STREET ADDRESS **10097 CLEARY BOULEVARD, STE. 277**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

*Esther Halliday*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ESTHER HALLIDAY**

**1/14/2002**

**1/14/2002**

Date

Daytime Phone #

CR2E034 (9/01)