

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2000 8:00 am**
Secretary of State

03-22-2000 90010 035 ***158.75

DOCUMENT # L66476

1. Entity Name

THE HALL AGENCY OF FLORIDA, INC.

Principal Place of Business

FRED AVENUE
HARBOR FL 34683

Mailing Address

P.O. BOX 229
DUNEDIN FL 34697-0229
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

East Hampton NY

Zip

11937

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

East Hampton NY

Zip

11937

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3006352

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

RAYBURN, LAURA J.
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	HALL, DONALD A., JR.	88 FRED AVENUE	PALM HARBOR FL	<input checked="" type="checkbox"/>
D	MCMAHON, THOMAS	88 FRED AVENUE	PALM HARBOR FL	<input type="checkbox"/>
D	SASS, WALTER O.	88 FRED AVENUE	PALM HARBOR FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DIRECTOR	LEONARD SCIOSCIA	3 CEDAR TRAILS	EAST HAMPTON, NY 11937	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR/CHAIRMAN	ROBERT K. DENNY	461 PANTIGO RD	EAST HAMPTON, NY 11937	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	THOMAS G. MCMANON	1211 STEWART AVE	BETHPAGE, NY 11714	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **THOMAS G. MCMANON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00

CR2E034 (9/99)