

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66476

1. Entity Name

THE HALL AGENCY OF FLORIDA, INC.

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90008 016 \*\*\*150.00

Principal Place of Business

461 PANTIGO RD  
EAST HAMPTON NY 11937  
US

Mailing Address

461 PANTIGO RD  
EAST HAMPTON NY 11937  
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 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 WALTER O. SASS

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

City PALM HARBOR

FL

Zip Code 34683

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 Walter O. Sass  
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/21/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCAHON, THOMAS	
STREET ADDRESS	88 FRED AVENUE ..	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASS, WALTER O.	
STREET ADDRESS	88 FRED AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCIOSCIA, LEONARD	
STREET ADDRESS	8 CEDAR TRAILS	
CITY-ST-ZIP	EAST HAMPTON NY 11937	
TITLE	DC	<input type="checkbox"/> Delete
NAME	DENNY, ROBERT R	
STREET ADDRESS	461 PANTIGO RD	
CITY-ST-ZIP	EAST HAMPTON NY 11937	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCANON, THOMAS G	
STREET ADDRESS	1211 STEWART AVE	
CITY-ST-ZIP	BETHPAGE NY 11714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. DENNY

Date

Daytime Phone #

CR2E034 (10/00)