

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 242724

1. Entity Name

L.M. HUGHEY COMPANY.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90033 031 ***150.00

Principal Place of Business

Mailing Address

205 SOUTH HOOVER STREET
TAMPA FL 33609

205 SOUTH HOOVER STREET
TAMPA FLA 33609-3500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0943571

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHEY, L M
205 SOUTH HOOVER STREET
TAMPA FL 33609

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	VD	<input type="checkbox"/> Delete
NAME	FARMER, JD	
STREET ADDRESS	205 S HOOVER ST #400	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAWLINS, WANITA M.	
STREET ADDRESS	205 S. HOOVER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, SHIRLEY H	
STREET ADDRESS	205 SOUTH HOOVER ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHEY, MIKE L.	
STREET ADDRESS	205 SOUTH ST.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	BROWNE, DAN	
STREET ADDRESS	205 S. HOOVER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THATCHER CAROLYN	
STREET ADDRESS	205 SHOOVER ST #400	
CITY-ST-ZIP	TAMPA FL 33609	

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	
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

Date

Daytime Phone #

CR2E034 (9/99)