

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537142

1. Entity Name

HOWELL & THORNHILL, P.A.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90016 027 ***150.00

Principal Place of Business
1350 HAVENDALE BLVD
PO BOX 1499
WINTER HAVEN FL 33881-1386

Mailing Address
1350 HAVENDALE BLVD
PO BOX 1499
WINTER HAVEN FL 33881-1386

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 59-1746500

Applied For

Not Applicable

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

THORNHILL, ROBERT G. JR.
1350 HAVENDALE BLVD
WINTER HAVEN FL 33881

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD
NAME THORNHILL, ROBERT G JR
STREET ADDRESS 1350 HAVENDALE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

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

TITLE VP
NAME THORNHILL, ROBERT G III
STREET ADDRESS 1350 HAVENDALE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

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

TITLE S
NAME STOIA, PAT
STREET ADDRESS 1350 HAVENDALE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 #

1/4/00 863-293-3166