

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709913

1. Entity Name

HOLLY HOUSE, INC. A CONDOMINIUM

Principal Place of Business

722 RIDGE ROAD
LANTANA FL 33462

Mailing Address

722 N RIDGE RD
APT 9
LANTANA FL 33462
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

23-7424298

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIBURN, EUGENE J
722 RIDGE RD #9
LANATANA FL 33462

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete
NAME SIBURN, EUGENE
STREET ADDRESS 722 RIDGE RD #9
CITY-ST-ZIP LANTANA FL

TITLE D ☐ Delete
NAME SINKFONEN, HELK N
STREET ADDRESS 722 RIDGE RD APT S
CITY-ST-ZIP LANTANA FL 33462

TITLE VP ☐ Delete
NAME PERSUN, ANITA
STREET ADDRESS 722 RIDGE RD 14
CITY-ST-ZIP LANTANA FL 32462

TITLE P ☐ Delete
NAME SILVER, ARVID
STREET ADDRESS 728 RIDGE ROAD #23
CITY-ST-ZIP LANTANA FL

TITLE T ☐ Delete
NAME LAMPE, HILKA
STREET ADDRESS 728 RIDGE RD #25
CITY-ST-ZIP LANTANA FL

TITLE D ☐ Delete
NAME GHALAM, SILJA
STREET ADDRESS 722 RIDGE ROAD, APT. 8
CITY-ST-ZIP LANTANA FL 33462

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90061 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)