

2000 UNIFORM BUSINESS REPORT (UBR)

3/7/00-90040-027-\$61.25-\$61.25

DOCUMENT # 714597

1. Entity Name
HOLLYBROOK HOMES, INC.

FILED

00 APR -3 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LUUJ5474



DO NOT WRITE IN THIS SPACE

Principal Place of Business
104 KING STREET
JACKSONVILLE FL 32204-2426

Mailing Address
104 KING STREET
JACKSONVILLE FL 32204-2426

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1210087**

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
FIRST FLORIDA BANK BLDG.
SUITE 420
TALLAHASSEE FL 32301

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 Karey E. L. Gee, CEO *Karey E. L. Gee* 03/03/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, FRANK	
STREET ADDRESS	2730 W EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WOOLSEY, FRED	
STREET ADDRESS	1145 GROVE PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUFF, ROLAND	
STREET ADDRESS	13851 MYRCIA CT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCINTOSH, CARLOTTA	
STREET ADDRESS	7051 ALAN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	A	<input type="checkbox"/> Delete
NAME	GEE, KAREY E L	
STREET ADDRESS	104 KING STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. B. Fred Woolsey	
STREET ADDRESS	1145 Grove Park Blvd	
CITY-ST-ZIP	Jax, FL 32216	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vicki L. Bellamy	
STREET ADDRESS	1650 North Laura St.	
CITY-ST-ZIP	Jax, FL 32206	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED** *B. Fred Woolsey* 3-29-00 704 724-1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

KE