

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **734387**

1. Entity Name
THE HOLY WAY, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90002 002 ****61.25

Principal Place of Business 100 G LAKE AVE. delete P.O. BOX 641 PAHOKEE FL 33476	Mailing Address 100 G LAKE AVE. delete P.O. BOX 641 PAHOKEE FL 33476-0641
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1631919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, J.D.
1568 E. MAIN ST.
PAHOKEE FL 33476

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 J.D. Miller

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	MILLER, J.D.	
STREET ADDRESS	1568 E MAIN ST	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATFIELD, KYLE	
STREET ADDRESS	754 FERN	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HATFIELD, LARRY E.	
STREET ADDRESS	388 ANNONA	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEVINS, G J	
STREET ADDRESS	2651 BACOM PT RD	
CITY-ST-ZIP	PAHOKEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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: SONO SMILLA REQUIRED **1/30/00** **521-924-5227**

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

CR2E037 (9/99)