

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035924

1. Entity Name
HOLLY CASS, INC.

FILED

00 MAR 21 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

Principal Place of Business 1020 CRYSTAL WAY (B) DELRAY BEACH FL 33444		Mailing Address 1020 CRYSTAL WAY (B) DELRAY BEACH FL 33444-1005	
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 63-0917490	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

~~LUTWAK, SCOTT H
1191 EAST NEWPORT CENTER DRIVE, SUITE 208
DEERFIELD BEACH FL 33442~~

7. Name and Address of New Registered Agent

Name: **HOLLY CASS**
Street Address (P.O. Box Number is Not Acceptable):
1020 CRYSTAL WAY-(B)
City: **DELRAY BEACH** FL Zip Code: **33444**

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: *Holly Cass* (NOTE: Registered Agent signature required when registering) DATE: **3/13/00**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CASS, HOLLY	
STREET ADDRESS	1020 CRYSTAL WAY (B)	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	CITY-ST-ZIP	TITLE	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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****150.00 ****150.00

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Holly Cass* SIGNING OFFICER OR DIRECTOR DATE: **3/13/00** (754) 786-2979 Daytime Phone #

CR2E034 (9/99)