

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012910

1. Entity Name

HOLLAND ENTERPRISE, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90074 030 \*\*\*150.00

Principal Place of Business

4709 N. 40TH STREET  
TAMPA FL 33610

Mailing Address

4709 N. 40TH STREET  
TAMPA FL 33610-6709

2. Principal Place of Business

2401 North Albany

3. Mailing Address

2401 North Albany

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

Tampa, Florida

City & State

Tampa Florida

Zip

33607

Country

Hillsborough

Zip

33607

Country

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLAND-TIM, JEAN  
4214 ARCH STREET  
TAMPA FL 33607

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

Eric Holland

5-1-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PSTD	<input type="checkbox"/> Delete
NAME	HOLLAND, ERIC	
STREET ADDRESS	4709 N. 40TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND-TIM, JEAN	
STREET ADDRESS	4214 ARCH STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIT, ELLIOTT III	
STREET ADDRESS	4709 N. 40TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2401 North Albany	
CITY-ST-ZIP	Tampa Florida 33607	
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		

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

Eric Holland

Date

Daytime Phone #

CR2E034 (9/99)