

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 134081

1. Entity Name

HOLLEY, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90171 018 ***150.00

Principal Place of Business

Mailing Address

705 MABRY STREET
TALLAHASSEE FL 32304
US

P. O. BOX 2255
TALLAHASSEE FLA 32316-2255
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0286710

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLEY, III, WILLIAM C.
1060 MACLAY RD.
TALLAHASSEE FL 32312

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	HOLLEY III, WILLIAM C	
STREET ADDRESS	1060 MACLAY RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32312	
TITLE	D	☐ Delete
NAME	HOLLEY, ESSIE W.	
STREET ADDRESS	RT 3 BOX 127 A-1	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VSD	☐ Delete
NAME	HOLLEY, KENNETH B.	
STREET ADDRESS	121 HOOT OWL HOLLOW	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	☐ Delete
NAME	HOLLEY, WM. C., JR.	
STREET ADDRESS	RT 3 BOX 127 A-1	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	T	☐ Delete
NAME	HOLLEY, NANCY M	
STREET ADDRESS	1060 MACLAY RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

William C. Holley, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Holley, III

1/24/00

850-576-2131

Date

Daytime Phone #

CR2E034 (9/99)