

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**  
 04-12-2001 90068 020 \*\*\*150.00

0026320

**DOCUMENT # 134081**

1. Entity Name  
**HOLLEY, INC.**

Principal Place of Business

Mailing Address

**705 MABRY STREET  
 TALLAHASSEE FL 32304  
 US**

**705 MABRY STREET  
 TALLAHASSEE FL 32304  
 US**

**00034981**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P. O. Box 2255**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tallahassee, FL 32316**

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOLLEY III, WILLIAM C 1060 MACLAY RD. TALLAHASSEE, FL 00000 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tallahassee, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLLEY, ESSIE W. RT 3 BOX 127 A-1 MONTICELLO FL 32344</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD HOLLEY, KENNETH B. 121 HOOT OWL HOLLOW CRAWFORDVILLE FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VSD Holley, Kenneth B. 1124 Rehwinkel Road Crawfordville, FL 32327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLLEY, WM. C., JR. RT 3 BOX 127 A-1 MONTICELLO FL 32344</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HOLLEY, NANCY M 1060 MACLAY RD TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete	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"/> Delete	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: William C. Holley III  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01  
 Date

850-576-2131  
 Daytime Phone #

CR2E034 (10/00)