

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 333850**

1. Entity Name

**DAVIS HOLDING COMPANY**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90880 039 \*\*\*150.00

Principal Place of Business

Mailing Address

**3010 CREEKSIDE TR  
GREEN COVE SPRINGS FL 32043  
US**

**3010 CREEKSIDE TRAIL  
GREEN COVE SPRINGS FL 32043-0230  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1233982**

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

**DAVIS, FRED C  
3010 CREEKSIDE TR  
GREEN COVE SPGS FL 32043**

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	<input type="checkbox"/> Delete
NAME	DAVIS, FRED C	
STREET ADDRESS	3010 CREEKSIDE TRAIL	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, ELEANOR K	
STREET ADDRESS	3010 CREEKSIDE TRAIL	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, LAUREN D.	
STREET ADDRESS	3030 CREEKSIDE TRAIL	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, ANNE D	
STREET ADDRESS	3020 CREEKSIDE TRAIL	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, FRED K.	
STREET ADDRESS	3040 CREEKSIDE TRAIL	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE		<input type="checkbox"/> Delete
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	
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: FRED C. DAVIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)