

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90016 022 ***150.00

DOCUMENT # 334468

1. Entity Name

ROGER HOLLER RENTAL CO.

Principal Place of Business

Mailing Address

500 PARK AVE S.
STE. 202
WINTER PARK FL 32789
US

PO BOX 1720
WINTER PARK FL 32790-1720

2. Principal Place of Business

3. Mailing Address

301 S. ORLANDO AVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

City & State

City & State

MAITLAND, FL

Zip

Country

Zip

Country

32751

4. FEI Number

59-1269969

Applied For

Not Applicable

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

PRICE, PAMELA O
201 E. PINE ST
STE. 1200
ORLANDO FL 32802

Name

RICHARD M. ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

201 E. PINE STREET, STE. 1200

City

ORLANDO

FL

Zip Code
32801

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

Richard M. Robinson

Richard M. Robinson

4/6/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
HOLLER JR, ROGER W
500 PARK AVE S., STE. 202
WINTER PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
301 S. ORLANDO AVE., SUITE 200
MAITLAND, FL 32751 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HOLLER, ROGER W. I
500 PARK AVE. S., STE. 202
WINTER PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
301 S. ORLANDO AVE., SUITE 200
MAITLAND, FL 32751 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
HOLLER, JULIETTE E.
500 PARK AVE S., STE. 202
WINTER PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JULIETTE E. HOLLER-ROGERS
301 S. ORLANDO AVE., SUITE 200
MAITLAND, FL. 32751 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HOLLER, CHRISTOPHER A.
500 PARK AVE S., STE. 202
WINTER PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
301 S. ORLANDO AVE., SUITE 200
MAITLAND, FL. 32751 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

Date

Daytime Phone #

4.12.00

CR2E034 (9/99)