

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 349807

1. Entity Name

H.C. HODGES CASH AND CARRY, INC.

FILED

00 JUL 27 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

Principal Place of Business
253 NORTH ST.
DEFUNIAK SPRINGS FL 32433

Mailing Address
PO BOX 550
DEFUNIAK SPRINGS FL 32433-4739

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

253 N. 9th St
Suite, Apt. #, etc.

City & State

Zip

County

DEFUNIAK SPRINGS FL
32433 Walter



07/17/2000 90116 041 \$150.00

4. FEI Number 59-1237725

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RUSHING, SUE
253 NORTH 9TH STREET
DEFUNIAK SPRINGS FL 32433

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

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	RUSHING, KIRBY	
STREET ADDRESS	P.O. BOX 1358 N/A	
CITY-ST-ZIP	DEFUNIAK SPGS. FL 32435	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	RUSHING, SUE	
STREET ADDRESS	P.O. BOX 1358 N/A	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF CLERK, OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)