

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90020 038 ***150.00

DOCUMENT # 395245

1. Entity Name

HOLLYWOOD ESTATES, INC.

Principal Place of Business

Mailing Address

**4301 KIMBERLY CIRCLE, S.
MELBOURNE FL 32904**

**4301 KIMBERLY CIRCLE, S.
W MELBOURNE FL 32904-5753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1513455**

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

**WELLS, C H
4301 KIMBERLY CIRCLE
W. MELBOURNE FL 32904**

Name **Wells, Charles C.**

Street Address (P.O. Box Number is Not Acceptable)
2427 Crystal Oaks Lane

City **West Melbourne**

FL

Zip Code
32904

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 *Charles C. Wells* **Charles C. Wells**

1/21/2000

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 | PT WELLS, C H 4301 KIMBERLY CIRCLE W. MELBOURNE FL | <input checked="" 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 | V THORNBURG, H WILLIAM 225 CAMPBELL DR. W MELBOURNE, FL 32901 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WELLS, CHARLES C 2427 CRYSTAL OAKS LANE W.MELBOURNE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T/D | <input checked="" 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 |
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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:

Charles C. Wells **Charles C. Wells**

Date

Daytime Phone #

1/21/2000

321-724-1100

CR2E034 (9/99)