

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90067 020 \*\*\*150.00

**DOCUMENT # 470246**

1. Entity Name

**RONALD T. HOPWOOD, INC.**

Principal Place of Business

**7373 CIRCLE DRIVE  
 LADY LAKE FL 32159**

Mailing Address

**7373 CIRCLE DRIVE  
 LADY LAKE FL 32159**

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 **59-1357731**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SUMMERS, GARY  
 380 W. ALFRED STREET  
 TAVARES FL 32778**

7. Name and Address of New Registered Agent

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPWOOD, RONALD T.</b>	NAME	
STREET ADDRESS	<b>7373 CIRCLE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPWOOD, SARA E.</b>	NAME	
STREET ADDRESS	<b>7373 CIRCLE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPWOOD, CAROL A.</b>	NAME	
STREET ADDRESS	<b>37 IDAHO AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WHITEFISH MT</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPWOOD, ROBERT S.</b>	NAME	
STREET ADDRESS	<b>7373 CIRCLE DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE, FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPWOOD, THOMAS A.</b>	NAME	
STREET ADDRESS	<b>MAIN AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OKAHUMPKA FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Ronald T. Hopwood **RONALD T. HOPWOOD** 1/3/01 (352)753-2471  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0433776

CR2E034 (10/00)