

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 477092

1. Entity Name

BHK, INCORPORATED

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90122 023 ***150.00

Principal Place of Business

1324 S. MAIN STREET
BELLE GLADE FL 33430
US

Mailing Address

1234 S. MAIN STREET
BELLE GLADE FL 33430-4912
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1639509

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

HILL, HOWARD E
1324 E MAIN ST
BELLE GLADE FL 33430

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

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	SD	☐ Delete
NAME	KIDDER, BETTY	
STREET ADDRESS	1170 SUGAR SANDS BLVD	
CITY-ST-ZIP	RIVERA BCH, FL 00000	
TITLE	PD	☐ Delete
NAME	HILL, HOWARD	
STREET ADDRESS	1324 S MAIN ST	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	DV	☐ Delete
NAME	HILL, WILLIAM	
STREET ADDRESS	331 SE AVE H	
CITY-ST-ZIP	BELLE GLADE, FL 00000	
TITLE	VD	☐ Delete
NAME	HILL, MAVIS	
STREET ADDRESS	331 S.E. AVENUE H	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)