

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 497562

1. Entity Name

THORNHILL ASSOCIATES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90066 018 ***150.00

Principal Place of Business

129 KINGFISH AVE
PALATKA FL 32177
US

Mailing Address

RTE 2 BOX 2715
PALATKA FL 32177-9802
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1652608

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

DE ROODENBEKE, NOEL J.
RTE 2 BOX 2715
PALATKA FL 32177

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, 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	PTD	<input type="checkbox"/> Delete
NAME	DE ROODENBEKE, NOEL J	
STREET ADDRESS	TE 2 BOX 2715	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	DE ROODENBEKE, RUTA E	
STREET ADDRESS	RTE 2 BOX 2715	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMBROSE, MARA S	
STREET ADDRESS	7133 POOLE JONES RD	
CITY-ST-ZIP	FREDERICK MD 21702	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLELLAN, INGRID M	
STREET ADDRESS	RT 6 BOX 1174	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICOLL, MIRIAN C	
STREET ADDRESS	2901 SW 41 ST #3112	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMBROSE, GEORGE C	
STREET ADDRESS	7133 POOLE JONES ROAD	
CITY-ST-ZIP	FREDERICK MD 21702	

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
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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 SIGNING OFFICER OR DIRECTOR

PRESIDENT 4/1/00 (904) 325-1646

Date

Daytime Phone #

CR2E034 (9/99)