

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 560209

1. Entity Name

MIMI HUTCHISON, INCORPORATION.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90041 023 \*\*\*158.75

Principal Place of Business Mailing Address  
900 E ATLANTIC AVE SUITE 3 900 E ATLANTIC AVE SUITE 3  
DELRAY BCH FL 33483 DELRAY BCH FL 33483-6954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1795530

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

HUTCHINSON, ELAINE P  
6550 N. OCEAN BLVD. #2  
OCEAN RIDGE FL 33435

Name HUTCHISON, ELAINE P.

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

6550 N. Ocean Blvd. #2

City Ocean Ridge FL Zip Code 33435

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 Elaine P. Hutchison

Signature, typed or printed name of registered agent and title if applicable

*Elaine P. Hutchison*

(NOTE: Registered Agent signature required when reinstating)

02/14/00

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 P ☐ Delete  
NAME HUTCHISON, ELAINE P  
STREET ADDRESS 6550 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 00000

TITLE S ☐ Delete  
NAME BOALT, PAMELA K.  
STREET ADDRESS 925 HIBISCUS LANE  
CITY-ST-ZIP DELRAY BCH. FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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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: Pamela K. Boalt *Pamela K. Boalt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/00 561-272-0105

Date

Daytime Phone #

CR2E034 (9/99)