

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**  
 08-08-2000 90010 039 \*\*\*550.00

**DOCUMENT # 601590**

1. Entity Name  
**JOHN R. HOOD, JR., INC.**

Principal Place of Business

**25 LAKE GATLIN RD  
 ORLANDO FLA 32806  
 US**

Mailing Address

**25 LAKE GATLIN RD  
 ORLANDO FLA 32806  
 US**

2. Principal Place of Business

**2390 JACKEY Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 170**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**WESTVILLE FL**

City & State

**WESTVILLE FL**

4. FEI Number

**59-1298960**

Applied For

Not Applicable

Zip

Country

**32464 US**

Zip

Country

**32464 US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HOOD JR, JOHN R  
 120 GATLIN AVE  
 ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name **HOOD JR, JOHN R**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2390 JACKEY Rd**  
 City **WESTVILLE FL** Zip Code **32464**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/31/00**

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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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	PD	<input type="checkbox"/> Delete
NAME	HOOD JR, JOHN R	
STREET ADDRESS	25 LAKE GATLIN ROAD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSONS, DONNA E	
STREET ADDRESS	2653 OCILLA CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYKES, MARY JO	
STREET ADDRESS	638 E. AMELIA ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD JR, JOHN R	
STREET ADDRESS	2390 JACKEY Rd	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD DONNA E	
STREET ADDRESS	2390 JACKEY Rd	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKES, MARY JO	
STREET ADDRESS	638 E. AMELIA ST	
CITY-ST-ZIP	ORLANDO FL	
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
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/31/00**  
**(850) 548-5596**  
 Daytime Phone #

CR2E034 (5/00)