

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90646 014 \*\*\*150.00

**DOCUMENT # 610606**

1. Entity Name

**SAM N. HOLLOWAY & CO., INC.**

Principal Place of Business

**1405 NW 13TH STREET  
 P O BOX 849  
 GAINESVILLE FL 32602**

Mailing Address

**1405 NW 13TH STREET  
 P O BOX 849  
 GAINESVILLE FL 32602**

2. Principal Place of Business

**500 NW 43 Street**

Suite, Apt. #, etc.

**Suite 3**

**Gainesville FL**

**32607 - Alachua**

3. Mailing Address

**500 NW 43 Street**

Suite, Apt. #, etc.

**Suite 3**

**Gainesville FL**

**32607 - Alachua**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1888833**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, CHARLES A.  
 2700 C N.W. 43RD STREET  
 GAINESVILLE FL 32606**

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, 2002 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 **PD** ☐ Delete  
 NAME **HOLLOWAY, SAM N**  
 STREET ADDRESS **6610 NW 16TH PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **ST** ☐ Delete  
 NAME **HOLLOWAY, CONSTANCE B**  
 STREET ADDRESS **6610 NW 16TH PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 **500 NW 43rd Street, Suite 3**  
 CITY-ST-ZIP **Gainesville, FL 32607**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **500 NW 43rd Street, Suite 3**  
 CITY-ST-ZIP **Gainesville, FL 32607**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)