## Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90016 040 \*\*\*150.00

2000	UNIFO	RM B	USINESS	REPORT	(UBR)

**DOCUMENT # 633247** 

HOLLER ENTERPRISES, INC.

Principal Plac	ce of Business	Mailing Address						
00 PARK AVE S		PO BOX 1720						
ite. 202 Vinter park fl 32789		WINTER PARK FL 32790-1720 US						
IS					I EURISÜ ANTON MINOC SINIU MÜNE ÜTÜÜN ISS	I BIBIL BIBIE BI	811 81811 <b>8</b> 181	
2. Principal F	Place of Business	3. Mailing Address						
301 S. ORLANDO AVE					A TODRIO DILLO ALIDO ALISO ALDIA DIBLI DIBLI OTDIA DIDLI			
_Suite, Apt.	:. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	N THIS SPA	CE	
	200	City & State		A :	FEI Number FO 4004F70		I IAp	plied For
MATLAND, FL		City & State			59-1931579		<b>⊢</b>	t Applicable
	I = .	Zip C	Country	5.4	Certificate of Status Desired		.75 Add	
3275						- Fee	Required	d
	6. Name and Address of Current F	łegistered Agent	/ Name	7. 1	Name and Address of New Reg	istered Age	ent	
חסוי	OF DANKELA O		RIC	HARD M.	ROBINSON			
	Ce, pamela o : e. pine st		Street A. 201	ddress (P.O. P L. PINE S	OX Number is Not Acceptable) REET, SUITE 1200	Not Acceptable) UITE 1200		
	E. 1200						<del></del>	
	LANDO FL 32802		CODI	ANIDO		Zip Cod 2801		
		<u> </u>	CORL	ANDO,		FL	2,5 000	2801
3. The above	e named entity submits this statement for	the purpose of changing its reg	istered office or	registered ag	ent, or both, in the State of Florid	a.		
	_		:		**	,	, ÷	
	$Q \cdot Q \cdot Q \cdot Q$		Dishard	M. Robins	OB !	4/10/	ልភ 🕆	Br
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Ber	gistered Agent signati			DATE		18 4 2 h
					<del></del>			
	poration is eligible to satisfy its Intangible	FILE NOW!!! F			10. Election Campaign Finan	cing	\$5.0	O May Be
_	requirement and elects to do so.  eria on back)	After MAY 1, 2000 Make Check Payable t			Trust Fund Contribution.			I to Fees
·	·				DDITIONS/CHANGES TO OFFICE	TOC AND D	DECTOR	2 IN 11
I1. 	OFFICERS AND I		12.	AL	DUTTONS/CHANGES TO OFFICE		Change	Addition
title Name	HOLLER, JR, ROGER W	☐ Delete	NAME			_	-	_
STREET ADDRESS			STREET ADDRESS	301 S. ORLANDO AVE., SUITE 200				00
CITY-ST-ZIP	WINTER PARK, FL 0		CITY-ST-ZIP	MA ITLA	IND, FL 3275	١ (		
TITLE	VD	☐ Delete	TITLE			7	Change	Addition
NAME	HOLLER, ROGER W III		NAME	301 S	. ORLANDO AVE	Sur	TE. 2	200
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			751		
CITY-ST-ZIP	WINTER PARK FL		TITLE	MATIL	AND, FL 32		₫ Change	Addition
TITLE NAME	HOLLER, CHRISTOPHER A	☐ Delete	NAME .		- <b>.</b>	•	-	
STREET ADDRESS			STREET ADDRESS	301 5.	. O RLANDO AVE	۰۰, ≲۱۱	TE 2	200
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP	MAITL	AND, FL 327	51		
TITLE	LICED		TIT! F					☐ Addition
NAME	VTD	Delete	TITLE			4	Change	_
STREET ADDRESS	HOLLER, JULIETTE E	Delete	NAME	JULIET		4	Change	_ ~ ^
CITY-ST-ZIP	HOLLER, JULIETTE E 500 PARK AVE S., STE. 202	☐ Delete	NAME STREET ADDRESS		TE E HOLLER -	ROBER	Ohange S S C C	ص م
	HOLLER, JULIETTE E		NAME STREET ADDRESS CITY-ST-ZIP			R06E1 ., SUIT	25 E 20	
	HOLLER, JULIETTE E 500 PARK AVE S., STE. 202	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		TE E HOLLER -	R06E1 ., SUIT	Change  Change	DAddition
NAME	HOLLER, JULIETTE E 500 PARK AVE S., STE. 202 WINTER PARK FL		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		TE E HOLLER -	R06E1 ., SUIT	25 E 20	
NAME STREET ADDRESS	HOLLER, JULIETTE E 500 PARK AVE S., STE. 202 WINTER PARK FL		NAME STREET ADDRESS CITY-ST-ZIP		TE E HOLLER -	R06E1 ., SUIT	25 E 20	
TITLE Name Street address City-St-ZIP Title	HOLLER, JULIETTE E 500 PARK AVE S., STE. 202 WINTER PARK FL		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		TE E HOLLER -	ROBEI	25 E 20	

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 of trustee employeed 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.

CITY-ST-ZIP

NAME STREET ADDRESS

| SIGNATURE:

STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #