

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 680944

1. Entity Name: WILLIAM HARGREAVES CORPORATION

WILLIAM HARGREAVES CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90912 042 ***158.75

Principal Place of Business

Mailing Address

11 N. CENTRAL AVE.
APOPKA FL 32703
US

PO BOX 607691
ORLANDO FL 32860-7691
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2043168

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

WILLE, PATRICIA
11 NO CENTRAL AVE
APOPKA FL 32703

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 PD
NAME HARGREAVES, GORGDON
STREET ADDRESS #6 OAKLEY PARK
CITY-ST-ZIP GREATER MANCHEST.UK

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME FAIRHURST, JOHN EDWARD
STREET ADDRESS #4 COX GREEN CLOSE
CITY-ST-ZIP GREATER MANCHEST.UK

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME HEALEY, CHRISTOPHER J.
STREET ADDRESS 113 DARWEN ROAD
CITY-ST-ZIP GREATER MANCHEST UK

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME CANNON, JAMES M.
STREET ADDRESS 3819 FALLING LEAF LANE
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ASV
NAME WILLIE, PATRICIA
STREET ADDRESS 11 N. CENTRAL AVENUE
CITY-ST-ZIP APOPKA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

PATRICIA WILLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

407-886-5314

CR2E034 (9/99)