

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90054 028 ****61.25

DOCUMENT # 718148

1. Entity Name
HUGH ASH MANOR, INC.

Principal Place of Business Mailing Address
740 N WOODLAND BLVD **740 N WOODLAND BLVD**
DELAND FL 32720 **DELAND FL 32720**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1349944** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHERMAN, WILLIAM E
145 EAST RICH AVE.
DELAND FL 32720

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	THRELKELD, VIRGINIA	
STREET ADDRESS	521 N FLORIDA AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEST, EDWIN L	
STREET ADDRESS	609 MARION CT	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGUE, JOHN A	
STREET ADDRESS	812 EASTOVER CIR.	
CITY-ST-ZIP	DELAND FL 32724-2903	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORDEN, MRS PATRICIA	
STREET ADDRESS	209 S FLORIDA AVE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAKEMAN, LORI	
STREET ADDRESS	552 PRINCEWOOD DR	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTGOMERY, HENRY J	
STREET ADDRESS	1157 GLENWOOD TRAILS	
CITY-ST-ZIP	DELAND FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **01/10/01** **904/736-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)