

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F51065

1. Entity Name

DRS. HOLLER, HINES, ASHWOOD AND RECKSON, P.A.

Principal Place of Business

Mailing Address

931 N SPRING GARDEN AVE  
DELAND FL 32720-2560  
US

931 N SPRING GARDEN AVE  
DELAND FL 32720-2560  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RECKSON, CHARLES E M.D.  
1780 DOOLITTLE COURT  
DAYTONA BEACH FL 32124

Name

Street Address (P.O. Box Number is Not Acceptable)

ADDRESS CHANGE BELOW

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, 2001 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 ☐ Delete  
NAME S  
STREET ADDRESS HOLLER, WILLIAM E III  
CITY-ST-ZIP RT 6 2121 HONTOON RD  
DELAND FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS VERMA, AJAY  
CITY-ST-ZIP 218 BUNKER CT  
DEBARY FL-32713

TITLE ☐ Delete  
NAME P  
STREET ADDRESS RECKSON, CHARLES E  
CITY-ST-ZIP 1780 DOOLITTLE CT.  
DAYTONA BEACH FL 32124

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HINES, KENNETH K JR  
CITY-ST-ZIP 150 LAKE WINNEMISSETT DR  
DELAND FL 32724

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BUSH, JEFFREY J  
CITY-ST-ZIP 2421 SLEEPY OAK LANE  
DELAND FL 32720-8626

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ENGELKEN, JOHN D  
CITY-ST-ZIP 1039 TORCHWOOD DR  
DELAND FL 32724

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS AJAY K. VERMA  
CITY-ST-ZIP 218 BUNKER CT.  
DEBARY, FL. 32713

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS STEEL B. Webber  
CITY-ST-ZIP 137 BRADWICK Circle  
DEBARY, FL. 32713

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS CHARLES E. RECKSON  
CITY-ST-ZIP 1931 SPRUCE CREEK Landing.  
DAYTONA BEACH, FL. 32124

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
STREET ADDRESS David R. Bowen  
CITY-ST-ZIP 1481 Wyngate Dr.  
DEland, FL. 32724

TITLE ☐ Change ☐ Addition  
NAME  
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 #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90055 043 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)