

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90106 003 ***158.75

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

32720-0809

32720-0809

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **RECKSON, CHARLES E**
STREET ADDRESS **1931 SPRUCE CREEK LANDING**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

(386) 738-0488

Daytime Phone #

CR2E034 (9/01)