

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004051

1. Entity Name  
**HOOKS COUNTRYSIDE, INC.**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90008 008 \*\*\*150.00

Principal Place of Business  
**P. O. BOX 600  
NEWBERRY FL 32669**

Mailing Address  
**P. O. BOX 600  
NEWBERRY FL 32669**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**20 DONOVANVILLE RD #401**

3. Mailing Address  
**20 DONOVANVILLE RD #401**

City & State  
**ST AUGUSTINE BEACH, FL**

City & State  
**ST AUGUSTINE BEACH, FL**

4. FEI Number **59-6022247** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HOOKS, MARIANNE  
RT. 2 BOX 202  
NEWBERRY FL 32669**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**20 DONOVANVILLE RD #401**  
City **ST AUGUSTINE BEACH** FL Zip Code **32084**

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 \_\_\_\_\_ (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	PSD	<input type="checkbox"/> Delete	TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKS, MARIANNE		NAME	same	
STREET ADDRESS	5502 SW 234TH ST.		STREET ADDRESS	20 DONOVANVILLE RD #401	
CITY-ST-ZIP	NEWBERRY FL		CITY-ST-ZIP	ST AUGUSTINE BEACH, FL 32084	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKS, JAMES		NAME	same	
STREET ADDRESS	5502 SW 234TH ST.		STREET ADDRESS	20 DONOVANVILLE RD #401	
CITY-ST-ZIP	NEWBERRY FL		CITY-ST-ZIP	ST AUGUSTINE BEACH, FL 32084	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Marianne Hooks 1-12-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)