

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005868

1. Entity Name

TALLAHASSEE NEW HOLLAND, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90022 034 ***150.00

Principal Place of Business

ROUTE 4, BOX 439
TALLAHASSEE FL 32304

Mailing Address

ROUTE 4, BOX 439
TALLAHASSEE FL 32304-0301

2. Principal Place of Business

32410 Blue Star Hwy.

Suite, Apt. #, etc.

3. Mailing Address

32410 Blue Star Hwy.

Suite, Apt. #, etc.

City & State
Midway, FL

City & State
Midway, FL

Zip
32343

Country
USA

Zip
32343

Country
USA

4. FEI Number 59-3276126

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
WILLIAMS, MAVIN D
ROUTE 4 BOX 439, US HWY 90 W AT I-10
TALLAHASSEE FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Shane W. Kolbuss
2115 Back Lake Circle
Bainbridge, Ga. 31717 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NEUENSCHWANDER, G.K.
500 DILLER AVENUE
NEW HOLLAND PA 17557 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WILLIAMS, WARD
5401 EDGERTON DRIVE
NORCROSS GA 30092 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
LANDIS, S.L.
500 DILLER AVENUE
NEW HOLLAND PA 17557 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00

Date

Daytime Phone #

CR2E034 (9/99)