

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004969

1. Entity Name

HOIST-CO, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90129 007 ***158.75

Principal Place of Business

Mailing Address

AMES ST
CITY KS 66006

PO BOX 27
819 AMES ST.
BALDWIN CITY KS 66006-0027
US

00004044

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

48-0887494

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

HARRISON, JOHN A
4447 MENDAVIA DR.
SEBRING FL 33872

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	<input type="checkbox"/> Delete T HARRISON, DORIS 318 CHAPEL ST BALDWIN CITY KS 66006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S HARRISON, JOHN 318 CHAPEL ST BALDWIN CITY KS 66006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete V MEINEN, TOM 107 N. 1ST TERRACE BALDWIN CITY KS 66006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P HARRISON, KEVIN 159163 W 154HT ST OLATHE KS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T HARRISON, DORIS 4447 Mendavia DR. Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S HARRISON, John 4447 Mendavia DR Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Doris J. Harrison* DORIS J. HARRISON, Treas.

Date

1-14-00

Daytime Phone #

785-
594-2436

CR2E034 (9/99)