

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90041 042 ***150.00

DOCUMENT # F98000005599

1. Entity Name

HLD, CORPORATION

Principal Place of Business

Mailing Address

% THE TITLE COMPANY
1850 LEE RD. SUITE 132
WINTER PARK FL 32789

% THE TITLE COMPANY
1850 LEE RD. SUITE 132
WINTER PARK FL 32789-2104

00015709

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 59-3531155

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLEY, CARLTON E
1850 LEE RD, SUITE 132
WINTER PARK FL 32789

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 Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
HERCOG, DAN
94-96 AHUZA ST, ELRAM CENTER
RAANANA ISRAEL 43450

☐ Delete

TITLE
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLTON E. COLLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

407-559-95

Date

Daytime Phone #