

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86017

1. Entity Name

RICKEY HOOVER, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90177 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1241 BLANDING BLVD #23  
ORANGE PARK FL 32065  
US

2535 RIDGECREST AVE  
ORANGE PARK FL 32065-6240  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2611352

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OBERDORFER, E. CHARLES  
1719 BLANDING BOULEVARD  
JACKSONVILLE FL 32210

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 reappointing)

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 PD  
NAME HOOVER, W.T., JR.  
STREET ADDRESS 2535 RIDGECREST AVE.  
CITY-ST-ZIP ORANGE PARK FL

☐ Delete

TITLE ST  
NAME HOOVER, RICKEY  
STREET ADDRESS 2535 RIDGECREST AVE.  
CITY-ST-ZIP ORANGE PARK FL

☐ Delete

TITLE D  
NAME GREEN, TONYA H  
STREET ADDRESS 5002 LICORICE CT.  
CITY-ST-ZIP MIDDLEBURG FL 32068

☐ Delete

TITLE D  
NAME HOOVER, RICHARD T  
STREET ADDRESS 2832 LOWELL CIRCLE  
CITY-ST-ZIP MELBOURNE FL 32935

☐ Delete

TITLE D  
NAME HOOVER, W T III  
STREET ADDRESS 10816 COPPERFIELD DR.  
CITY-ST-ZIP PINEVILLE NC 28134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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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: W. P. Hoover, Jr. PRESIDENT 3-13-00 904-272-3539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)