

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16570

1. Entity Name
HOLLY TREES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90070 017 ***150.00

Principal Place of Business

318 49TH ST. E.
PALMETTO FL 34221
US

Mailing Address

5112 BAY STATE ROAD
PALMETTO FL 34221
US

000430JJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5304 BAY STATE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALMETTO FL

4. FEI Number 59-2695303

Applied For

Not Applicable

Zip

Country

Zip

Country

34221

US

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

POPHAM, JOHN H.
5112 BAY STATE ROAD
PALMETTO FL 34221

Name

Street Address (P.O. Box Number is Not Acceptable)

5304 BAY STATE ROAD

City

PALMETTO

FL

Zip Code

34221

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, 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	PD	<input type="checkbox"/> Delete
NAME	POPHAM, JOHN H.	
STREET ADDRESS	5112 BAY STATE ROAD	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POPHAM, SHIRLEY M.	
STREET ADDRESS	5112 BAY STATE ROAD	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANS, ROBERT E.	
STREET ADDRESS	201 N 2ND ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5304 BAY STATE ROAD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5304 BAY STATE ROAD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John H. Popham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(941) 229-6511

Daytime Phone #

CR2E034 (10/00)