

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68292

1. Entity Name

BALL, HUMPHREY & WORLEY, INC.

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

01-20-2000 90131 001 ***150.00

Principal Place of Business

Mailing Address

9500 S. DADELAND BLVD.

P.O. BOX 561567

#200

MIAMI FL 33256-1567

FL 33156-2866

US

C0008000



DO NOT WRITE IN THIS SPACE

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 65-0034681

Applied For
Not Applicable

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

WORLEY, J. HAYES, JR
9500 S DADELAND BLVD
STE 200
MIAMI FL 33156

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	DV	<input type="checkbox"/> Delete
NAME	WORLEY, J. HAYES JR	
STREET ADDRESS	9500 SO. DADELAND BLVD. #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUMPHREY, HAROLD M.	
STREET ADDRESS	9500 SO. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	BALL, CHARLES C.	
STREET ADDRESS	9500 SO. DADELAND BLVD, #200	
CITY-ST-ZIP	MIAMI 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 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	
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES C. BALL

Date

1/11/00

Daytime Phone #

305-670-6111

CR2E034 (9/99)