## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # J81789** Apr 20, 2000 8:00 am 1. Entity Name **Secretary of State** HOLLY ENTERPRISES OF SARASOTA, INC. 04-20-2000 90051 017 \*\*\*150.00 Mailing Address Principal Place of Business 4593 SAMOSET DRIVE 4593 SAMOSET DRIVE SARASOTA FL 34241 SARASOTA FL 34241-9175 2. Principal Place of Business 3. Mailing Address 5300 OCEAN BOULE 5300 OCEAN BOULEVARI DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. APT 803 508 79F Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable SARASOTA SARASGTA Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired ユトエトモ Fee Required SARASUTA **ヨペアイフ** SARASOTA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SEAMAN, JACK 4593 SAMOSET DRIVE 5300 OCEAN BOULEVARD SARASOTA FL 34241 APT 803 Zip Code City Sarasota 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. R.W MORERG FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Addition **X**Delete TITLE SEAMAN, JACK NAME 4593 SAMOSET DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE BRIELMAIER, GERALD NAME NAME 13615 W. BURLEIGH ROND #9 7711 N. 81ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILWAUKEE WS CITY-ST-ZIP BROCKFIELD, WI 53005 Change Change ☐ Addition Delete TITLE TITLE MOBERG, DON NAME NAME 5300 OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP **X** Addition ☐ Delete TITLE ☐ Change TITLE WEBSTER, MICHAEL NAME NAME 28141 GROESBECK WICH STREET ADDRESS STREET ADDRESS CITY-ST-7IP ROSEVILLE MICHIGAN CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: DENSER R. MOBERG GOLL IS 2000 (94) 349-152.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR