

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J89554

1. Entity Name

HOBE SOUND COMMERCE PARK, INC.

Principal Place of Business

% R.C. TYLANDER
3401 WASHINGTON ROAD
WEST PALM BEACH FL 33405

Mailing Address

% R.C. TYLANDER
3401 WASHINGTON ROAD
WEST PALM BEACH FL 33405

301 E PINECREST CIRCLE, JUPITER, FL 33408

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 59-2838973

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

TYLANDER, R. C.
3401 WASHINGTON ROAD
WEST PALM BEACH FL 33405

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TYLANDER, R. C.	
STREET ADDRESS	3401 WASHINGTON ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYLANDER, BETTY M.	
STREET ADDRESS	3401 WASHINGTON ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, C. LOUISE	
STREET ADDRESS	8750 SO OCEAN BLVD PH #37	
CITY-ST-ZIP	JENSEN BEACH 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Mr. & Mrs. R.C. Tylander	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 E. Pinecrest Circle	
STREET ADDRESS	Jupiter, FL 33458	
CITY-ST-ZIP		
TITLE	Betty M. Tylander	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. & Mrs. R.C. Tylander	
STREET ADDRESS	301 E. Pinecrest Circle	
CITY-ST-ZIP	Jupiter, FL 33458	
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:

R.C. Tylander RCTYLANDER

1/06/01

Date

516-575-6670

Daytime Phone #

CR2E034 (10/00)

0315454

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90064 001 ***150.00



DO NOT WRITE IN THIS SPACE