

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90093 003 ***158.75

DOCUMENT # K17407

1. Entity Name

THE HOLDER GROUP, INC.

Principal Place of Business

Mailing Address

~~201 N FRANKLIN ST
 STE 2700
 TAMPA FL 33602~~

~~201 N FRANKLIN ST
 STE 2700
 TAMPA FL 33602-5167~~

2. Principal Place of Business

3. Mailing Address

1040 VICTORIAN AVE
 Suite, Apt. #, etc. **3RD FLOOR**

SAME
 Suite, Apt. #, etc. **SAME**

SPARKS NV
 City & State

SPARKS NV
 City & State

89432
 Zip

USA
 Country

4. FEI Number **59-2885028**

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

~~HOLDER, HAROLD K SR.
 201 N FRANKLIN ST
 STE 2700
 TAMPA FL 33602~~

Name **HAROLD D. HOLDER SR**
 Street Address (P.O. Box Number is Not Acceptable) **1040 VICTORIAN AVE**
3RD FLOOR CMS OFFICES
 City **SPARKS NV** FL Zip Code **89432**

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 **Harold D. Holder Sr** DATE **1-13-2000**

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 **MDT** ☒ Delete
 NAME **HOLDER SR., HAROLD D.**
 STREET ADDRESS **201 N FRANKLIN STREET STE 2700**
 CITY-ST-ZIP **TAMPA FL 33602-5229**

TITLE **HAROLD HOLDER** ☐ Change ☐ Addition
 NAME **SAME AS ABOVE**
 STREET ADDRESS **ABOVE**
 CITY-ST-ZIP **ABOVE**

TITLE **D** ☒ Delete
 NAME **HOLDER, ANNA M**
 STREET ADDRESS **201 N FRANKLIN ST STE 2700**
 CITY-ST-ZIP **TAMPA FL 33602-5229**

TITLE **ANNA M. HOLDER** ☐ Change ☐ Addition
 NAME **SAME AS ABOVE**
 STREET ADDRESS **ABOVE**
 CITY-ST-ZIP **ABOVE**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 a 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: **Harold D. Holder Sr** DATE **1/13/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #