

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27790

1. Entity Name

HELLEKSON REAL ESTATE CO., INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90007 033 ***150.00

Principal Place of Business

345 SADDLEWORTH PLACE
HEATHROW FL 32746
US

Mailing Address

345 SADDLEWORTH PLACE
HEATHROW FL 32746-4333
US

2. Principal Place of Business

3. Mailing Address

P. O. Box 4848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanford, FL

Zip

Country

Zip

32772-4848

Country

USA

4. FEI Number

59-2887367

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

WHIGHAM, FRANK C.
200 WEST FIRST STREET
SUITE 22
SANFORD FL 32771

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HELLEKSON, LIBBY
345 SADDLEWORTH PLACE
HEATHROW FL
☒ Delete
(Deceased)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HELLEKSON, ROBERT
1987 QUINTILIS CT
DELTONA FL 32738
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HELLEKSON, MICHEAL
1821 BEACON DR
SANFORD FL 32771
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HELLEKSON, SHEILA
5001 NEBRASKA AVE
SANFORD FL 32771
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert Hellekson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT HELLEKSON, President/Director

1/14/2000 1/904-532-1537
Date Daytime Phone #

CR2E034 (9/99)