

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89545

1. Entity Name

PHILLIPS HARDWARE COMPANY

Principal Place of Business

Mailing Address

% ROBERT E. SCHUR
490 N.W. SO. RIVER
MIAMI FL 33128

% ROBERT E. SCHUR
490 N.W. SO. RIVER
MIAMI FL 33128-1421

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 59-0401860

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

SCHUR, ROBERT E.
501 BRICKELL KEY DR
SUITE 300
MIAMI FL 33131-2608

Name Bailey, John R.
Street Address (P.O. Box Number is Not Acceptable)
9700 So. Dixie Hwy Ste 570
City MIAMI FL Zip Code 33156

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	BAILEY, GUY B.	
STREET ADDRESS	9700 S DIXIE HWY, 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BABCOCK, E. VOSE, III	
STREET ADDRESS	9700 S DIXIE HWY, 5670	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	BABCOCK, MARY	
STREET ADDRESS	9700 S DIXIE HY, STE 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, PATRICIA E.	
STREET ADDRESS	9700 S DIXIE HWY, STE 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN RAY	
STREET ADDRESS	9700 S DIXIE HWY, STE 570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, GARY E	
STREET ADDRESS	490 N.W. S. RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY E SCARBOROUGH
PRESIDENT

4-22, 2000

Date

305-545-8445
Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90373 022 ***150.00



DO NOT WRITE IN THIS SPACE