

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L28594**

1. Entity Name

**TOLLMAN-HUNDLEY COURT CORP.**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90111 020 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O TOLLMAN HUNDLEY HOTELS  
1886 ROUTE 52  
HOPWELL JUNCTION NY 12533

C/O TOLLMAN HUNDLEY HOTELS  
1886 ROUTE 52  
HOPWELL JUNCTION NY 12533

00013343

2. Principal Place of Business

**2424 ROUTE 52**  
Suite, Apt. #, etc.

3. Mailing Address

**2424 ROUTE 52**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Hopewell Jct NY**  
Zip  
**12533** Country  
**USA**

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**Hopewell Jct NY**  
Zip  
**12533** Country  
**USA**

4. FEI Number  
**59-2982095**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TOLLMAN, BRETT G	1886 ROUTE 52	HOPWELL JUNCTION NY 12533	<input type="checkbox"/>
D	HUNDLEY, MONTY D	1886 ROUTE 52	VALHALLA NY 10595	<input type="checkbox"/>
D	KENDZIERA, CRAIG	1886 ROUTE 52	VALHALLA NY 10595	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)