

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39381

1. Entity Name

WOLFF, HILL, MCFARLIN & HERRON, P.A.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90102 010 ***150.00

Principal Place of Business

1851 W COLONIAL DR
ORLANDO FL 32804
US

Mailing Address

1851 W COLONIAL DR
ORLANDO FL 32804-7013
US

910641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2981982

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WOLFF, FRANK M
1851 W COLONIAL DR
ORLANDO FL 32804

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 PD
NAME HILL, PETER N.
STREET ADDRESS 837 MELLOWOOD AVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE VD
NAME WOLFF, FRANK M.
STREET ADDRESS 9652 WOODMONT PL
CITY-ST-ZIP WINDERMERE FL 32786 ☐ Delete

TITLE TD
NAME MCFARLIN, DAVID
STREET ADDRESS 1851 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE SD
NAME HERRON, KENNETH D JR.
STREET ADDRESS 1851 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

Peter N. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/2000 407-648-0000