

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L42907

1. Entity Name

HOLLIDAY LEASING ASSOCIATES, INC.

FILED

Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90056 027 \*\*\*150.00

Principal Place of Business

Mailing Address

3441 IMPERIAL LANE  
LAKELAND FL 33813

3441 IMPERIAL LANE  
LAKELAND FL 33813-4367

00000000

2. Principal Place of Business

3. Mailing Address

853 Hunter Run Blvd  
Suite, Apt. #, etc.

853 Hunter Run Blvd.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-2988009

Applied For

Not Applicable

Zip

33809

Country

Zip

33809

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

HOLLIDAY, CLYDE J III  
~~3441 IMPERIAL LANE~~  
LAKELAND FL 33813

Name Clyde J. Holliday III

Street Address (P.O. Box Number is Not Acceptable)

853 HUNTER RUN BLVD

City

LAKELAND

FL

Zip Code

33809

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

03/27/00

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          | PTS                           | <input type="checkbox"/> Delete |
| NAME           | HOLLIDAY, CLYDE J III         |                                 |
| STREET ADDRESS | <del>3441 IMPERIAL LANE</del> |                                 |
| CITY-ST-ZIP    | LAKELAND FL 33813             |                                 |
| TITLE          | V                             | <input type="checkbox"/> Delete |
| NAME           | HOLLIDAY, C. JANNER IV        |                                 |
| STREET ADDRESS | <del>1610 CLAREDON AVE</del>  |                                 |
| CITY-ST-ZIP    | LAKELAND FL 33803             |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS | 853 HUNTER RUN BLVD   |  |
| CITY-ST-ZIP    | LAKELAND, FL 33809    |  |
| TITLE          |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS | 2339 Meath Dr         |  |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32308 |  |
| 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

03/27/00

Date

#863-815-0625

Daytime Phone #