

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90171 006 ***150.00

DOCUMENT # L55089

1. Entity Name
HECHT ENTERPRISES OF GAINESVILLE, INC.

Principal Place of Business Mailing Address **William P. Hecht**
~~% THOMAS G. CHRISTMANN~~ ~~% THOMAS G. CHRISTMANN~~
 3008 NE 19TH DR 3008 NE 19TH DR
 GAINESVILLE FL 32609 GAINESVILLE FL 32609

2. Principal Place of Business 3. Mailing Address
3809 NW 128th Terrace **3809 NW 128th Terrace**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Gainesville, FL **Gainesville, FL**
 Zip Country Zip Country
32606 **USA** **32606** **USA**

4. FEI Number **59-2993343** 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
HOPE, A BRICE Name
408 W UNIVERSITY AVE Street Address (P.O. Box Number is Not Acceptable)
SUITE 406 City **FL** Zip Code
GAINESVILLE FL 32061

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECHT, WILLIAM P		NAME		
STREET ADDRESS	3008 NE 19TH DR		STREET ADDRESS	3809 NW 128th Terrace	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	32606	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HECHT, CARMEN J		NAME		
STREET ADDRESS	3008 NE 19TH DR		STREET ADDRESS	3809 NW 128th Terrace	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	32606	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Carmen J. Hecht Carmen J. Hecht 4-18-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)