

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90032 021 \*\*\*150.00

**DOCUMENT # L63810**

**1. Entity Name**  
**HORACE WEBB & SON, INC.**

**Principal Place of Business**  
 22 HORACE L. WEBB  
 328 BEVERLY DR  
 GROVELAND FL 34736

**Mailing Address**  
 % HORACE L. WEBB  
 328 BEVERLY DR  
 GROVELAND FL 34736-2314  
 US

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 City & State

**Zip** **Country** **Zip** **Country**

**4. FEI Number** **59-2997253** **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 WEBB, HORACE L.  
 328 BEVERLY DR  
 GROVELAND FL 34736

**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** HORACE WEBB **(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.** ☐ **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                      | D               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | WEBB, HORACE L. |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 328 BEVERLY DR  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | GROVELAND FL    |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | D               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | WEBB, PEARL     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 328 BEVERLY DR  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | GROVELAND FL    |                                 | 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   |                                 |                                   |
| 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:** HORACE L. WEBB **4-21-00** **352-429-3771**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/99)