

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83397

1. Entity Name

HUGH BARNDOLLAR INSURANCE SERVICES, INC.

f

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90004 024 ***150.00

Principal Place of Business

7622 CONGRESS STREET
NEW PORT RICHEY FL 34653
US

Mailing Address

7622 CONGRESS STREET
NEW PORT RICHEY FL 34653
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3014098

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

BARNDOLLAR, HUGH O
7622 CONGRESS ST
NEW PORT RICHEY FL 34653

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME BARNDOLLAR, HUGH
STREET ADDRESS 14119 POINTE ANNE DRIVE
CITY-ST-ZIP ODESSA FL 33556

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

TITLE VP ☐ Delete
NAME BARNDOLLAR, CAROL
STREET ADDRESS 14119 POINTE ANNE DRIVE
CITY-ST-ZIP ODESSA FL 33556

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00

727-847-4444

CR2E034 (5/00)

L83397

ADOL 8848

HUGH BARNDOLLAR INSURANCE SERVICES, INC
7622 CONGRESS ST
NEW PORT RICHEY, FL 34653
JULY 11, 2000

DIVISIONS OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: 2000 UNIFORM BUSINESS REPORT

DEAR SIR OR MADAM

I HAVE ENCLOSED THE ANNUAL REPORT FOR 2000. I NEVER RECEIVED THE 1ST PREPRINTED REPORT FOR THIS REASON I AM ENCLOSING A CHECK IN THE AMOUNT OF \$150.00. I WISH TO HAVE THE PENALTY ABATED FOR THE ABOVE RESON. I APPRECIATE YOUR PORMP ATTENTION TO THIS MATTER.

SINCERELY,


HUGH O. BARNDOLLAR
PRESIDENT