

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90162 013 ***150.00

DOCUMENT # M70436

1. Entity Name

H & R INTERSTATE HOUSING, INC.

Principal Place of Business

Mailing Address

% CARL D. HILL
 35267 HWY 54 WEST
 ZEPHYRHILLS FL 33541

% CARL D. HILL
 35267 HWY 54 WEST
 ZEPHYRHILLS FL 33541

2. Principal Place of Business

3. Mailing Address

34851 S.R. 54 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills, FL

4. FEI Number

59-2876467

Applied For

Not Applicable

Zip

Country

Zip

Country

33541

US

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

**RYMAN, NELSON L
 35267 HWY 54 WEST
 ZEPHYRHILLS FL 33541**

Name

Carl D. Hill

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

34851 S.R. 54 West

City

Zephyrhills

FL

Zip Code
33541

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

Carl D. Hill, President

04/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **RYMAN, NELSON L**
 STREET ADDRESS **38819 OTIS ALLEN ROAD**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

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

TITLE **ST** ☒ Delete
 NAME **HILL, KIMBERLY A**
 STREET ADDRESS **34740 CARL AVE.**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

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

TITLE **V** ☐ Delete
 NAME **HILL, CARL D.**
 STREET ADDRESS **34740 CARL AVE.**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **Hill, Carl D.**
 STREET ADDRESS **34740 Carl Ave**
 CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/T** ☐ Change ☒ Addition
 NAME **Steeers, William F.**
 STREET ADDRESS **28546 Dawns Break Point**
 CITY-ST-ZIP **Wesley Chapel, FL 33543**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/S** ☐ Change ☒ Addition
 NAME **Ostermann, Keith**
 STREET ADDRESS **10439 Lamson Road**
 CITY-ST-ZIP **Dade City, FL 33525**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **X**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00

813-782-2276

Date

Daytime Phone #

CR2E034 (9/99)