

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000965

1. Entity Name

OVER THE HILL GANG, INC.

FILED**Jan 19, 2001 8:00 am**
Secretary of State

01-19-2001 90021 049 ****61.25

0007263

Principal Place of Business

87 PREAKNESS PLAZA
ORANGE PARK FL 32073

Mailing Address

87 PREAKNESS PLAZA
ORANGE PARK FL 32073

00001106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

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

RICH, LARRY A
87 PREAKNESS PLAZA
ORANGE PARK FL 32073

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Larry A. Rich	87 Preakness Plaza	Orange Park FL 32073		
	S/T	GORDON MASON	450 HAYTON AV		
		ORANGE PARK FL 32073			
	VERNON FERRIS	356 Aries Rd	ORANGE PARK FL 32073		
	PETER LUNCH	737 WINFRED DR	ORANGE PARK FL 32073		
	FRANK GRADY	5673 PINE AVE	ORANGE PARK FL 32073		

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1-10-01

Date

904-272-1472

Daytime Phone #