

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000001571**

1. Entity Name

HOLLEY-KING LAKES PROPERTY OWNERS ASSOCIATION IN C.

Principal Place of Business

**580 HOLLEY LAKE RD.
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**580 HOLLEY LAKE RD.
DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHEY, DONNA
1009 N. 14TH ST.
LEESBURG FL 34748**

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

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 **D** ☐ Delete
NAME **LARUE, CARL A**
STREET ADDRESS **150 E. PIKE**
CITY-ST-ZIP **CAMBRIDGE OH 43725**TITLE **D** ☐ Delete
NAME **LARUE, WILLIAM L.**
STREET ADDRESS **150 E. PIKE**
CITY-ST-ZIP **CAMBRIDGE OH 43725**TITLE **D** ☐ Delete
NAME **LERUE, DANIEL**
STREET ADDRESS **150 E. PIKE**
CITY-ST-ZIP **CAMBRIDGE OH 43725**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10150 E. PIKE**
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10150 E. PIKE**
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **LARUE, DANIEL**
STREET ADDRESS **10150 E. PIKE**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1-26-02**740-439 4359**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

5124105

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested HOLLEY-KING LAKES PROPERTY OWNERS ASSOCIATION INC.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 580 HOLLEY-LAKE RD.	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code DEFUNIAK SPRINGS, FLORIDA 32433	5b City, state, and ZIP code
	6 County and state where principal business is located WALTON COUNTY FLORIDA	
	7a Name of principal officer, general partner, grantor, owner, or trustee	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input checked="" type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		Group Exemption Number (GEN) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ PROPERTY UPKEEP FOR OWNERS <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			

10 Date business started or acquired (month, day, year) MARCH 1, 2001	11 Closing month of accounting year DECEMBER
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶	Agricultural	Household	Other
0	0	0	

14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) PROPERTY UPKEEP FOR OWNERS	
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15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. PROVIDE MANAGEMENT FOR UPKEEP OF PROPERTY FOR OWNERS	
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16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.
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16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name TONY SHEPPARD	Designee's telephone number (include area code) (740) 439-4359
	Address and ZIP code 10150 E. PIKE, CAMBRIDGE OHIO 43725	Designee's fax number (include area code) (740) 432-7582

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (740) 439-4359
Name and title (type or print clearly) ▶ CARL A. LARUE PRES	Applicant's fax number (include area code) (740) 432-7582	
Signature ▶ <i>Carl A. Larue</i>	Date ▶ 2-17-07	