

# 2000 UNIFORM BUSINESS REPORT (UBR)

0086622

DOCUMENT # N43322

1. Entity Name

HILO PROPERTY OWNERS ASSOCIATION, INC.

FILED

00 FEB 24 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2135 GLENNRIDGE DRIVE  
TALLAHASSEE FL 32308  
US

2135 GLENNRIDGE DRIVE  
TALLAHASSEE FL 32308  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2135 Glennridge Drive

3. Mailing Address

2135 Glennridge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3176310

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

PENICK, GEORGE R III  
2135 GLENNRIDGE DRIVE  
TALLAHASSEE FL 32308

Name

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

2135 Glennridge Drive

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME PENICK, GEORGE R III  
STREET ADDRESS 2135 GLENNRIDGE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME 2135 Glennridge Drive  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PENICK, PATRICIA E  
STREET ADDRESS 2135 GLENNRIDGE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME 2135 Glennridge Drive  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ROBERTS, KARL  
STREET ADDRESS 730 HILO WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700003155657--7  
CITY-ST-ZIP 03/03/00-01006-004

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00 488-2415

CR2E037 (9/99)

KE