

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N96000000453**

1. Entity Name

**HOLLY BUSINESS CENTER CONDOMINIUM ASSOCIATION, I**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90054 037 \*\*\*\*61.25

Principal Place of Business	Mailing Address
787 CENTER ST HOLLY HILL FL 32117	PO BOX 953 DEBARY FL 32713-0953



DO NOT WRITE IN THIS SPACE

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	Applied For
<b>59-3512714</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**EVANS, RICK**  
**387 MAGNOLIA PL**  
**DEBARY FL 32713**

**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 \_\_\_\_\_ (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		<input type="checkbox"/> Delete
TITLE	<b>D</b>	
NAME	<b>EVANS, RICK</b>	
STREET ADDRESS	<b>387 MAGNOLIA PLACE</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	
NAME	<b>CAREY, ROBIN</b>	
STREET ADDRESS	<b>505 8 ST</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE	<b>D</b>	
NAME	<b>CAREY, JAMES E</b>	
STREET ADDRESS	<b>805 8TH ST</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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:** *Richard A. Evans* **REQUIRED** **3-23-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICHARD A. EVANS** Date Daytime Phone #

CR2E037 (9/99)