

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90256 046 ****61.25

DOCUMENT # N96000000453

1. Entity Name

**HOLLY BUSINESS CENTER CONDOMINIUM ASSOCIATION, I
 NC.**

Principal Place of Business

**787 CENTER ST
 HOLLY HILL FL 32117**

Mailing Address

**PO BOX 953
 DEBARY FL 32713**

2. Principal Place of Business

3. Mailing Address

1867 Old Tomoka Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ormond Beach, FL

4. FEI Number

59-3512714

Applied For

Not Applicable

Zip

Country

Zip

Country

32174

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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 **Mike L. Mullins**

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

1867 Old Tomoka Road

City **Ormond Beach**

FL

Zip Code
32174

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

TITLE **TSD** Delete
 NAME **HUNTER, DEBORAH A**
 STREET ADDRESS **555 8TH STREET, UNIT H**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **DP** Delete
 NAME **MULLINS, MIKE L**
 STREET ADDRESS **355 8TH STREET UNIT 5**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **D** Delete
 NAME **OERNER, CHARLES W**
 STREET ADDRESS **487 CENTER STREET UNIT B**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS **555 8th Street Unit J**
 CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE Change Addition
 NAME **Woerner, Charles Jr.**
 STREET ADDRESS **787 Center Street Unit B**
 CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 information empowered.

SIGNATURE: **Mike L. Mullins** 4/11/2002 386 257-5002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)