2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600000453



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90643 015 ****61.25

HOLLY BUSINESS CENTER C	CONDOMINIUM ASSOCIATION, I	
Principal Place of Business 787 CENTER ST HOLLY HILL FL 32117	Mailing Address 1867 OLD TOMOKA RD ORMOND BEACH FL 32174	•
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

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Principal Place of Business 3. Mailing		3. Mailing Address	ng Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59	4. FEI Number 59-3512714 Applied For				
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Addit	Applicable ional		
6. Name and Address of Current Registered Agent			1	7. Name and Address of New Registered Agent					
				Name					
MULLINS, MIKE L			Stroot Addr	Street Address (P.O. Box Number is Not Acceptable)					
1867 OLD TOMOKA RD			Street Addit	Sireer Address (P.O. Box Number is Not Acceptable)					
ORMOND BEACH FL 32174									
·			City	City Zip Code					
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office or reg	istered agent, or both, in the	ne State of Florida. I am fa	niliar with, ar	nd accept		
the obliga	ations of registered agent.					. ,			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature re	muired when reinstation?	DATE				
		(1012	- Hogisteree Agont signature re-	quied when remarating)	DATE				
		9 Flaction Com	vanian Einannina		16-l OlI	n			
FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contribution			\$5.00 May Be Added to Fees	Make Check Florida Departr	Payable to)			
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10.	OFFICERS AND DIF	RECTORS	11,	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN 1	0		
TITLE	TSD DEPODALLA	☐ Delete	TITLE			Change	Addition		
NAME STREET ADDRESS	HUNTER, DEBORAH A 555 8TH STREET, UNIT H		NAME						
CITY-ST-ZIP	HOLLY HILL FL 32117		STREET ADDRESS : CITY-ST-ZIP						
TITLE	DP	Пъ							
NAME	MULLINS, MIKE L	☐ Delete	TITLE NAME		l	☐ Change	Addition		
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CITY-ST-ZIP	HOLLY HILL FL 32117		CITY-ST-ZIP						
TITLE	D	Delete	TITLE		·····	Change	Addition		
NAME	WOERNER, CHARLES JR	The same same same same	NAME	الدوارات محصوصة مريفتها المستر يعيمه	ه ي سدر د سد خرسر، لا				
STREET ADDRESS	787 CENTER STREET UNIT B		STREET ADDRESS				İ		
CITY-ST-ZIP	HOLLY HILL FL 32117		CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
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STREET ADDRESS	l		STREET ADDRESS						
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NAME			NAME		L				
STREET ADDRESS			STREET ADDRESS		•]		
CITY-ST-ZIP		·	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 officer or director of the corporation or the receiver or trustee empowered.

SIGNATURE:

386-257-5002