

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05368

1. Entity Name

TOLLMAN-HUNDLEY OSCEOLA, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90111 022 \*\*\*150.00

Principal Place of Business

1886 ROUTE 52  
HOPWELL JUNCTION NY 12533  
US

Mailing Address

1886 ROUTE 52  
HOPWELL JUNCTION NY 12533  
US

2. Principal Place of Business

2424 ROUTE 52

3. Mailing Address

2424 ROUTE 52

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hopewell Jct NY

City & State

Hopewell Jct NY

4. FEI Number

13-3331526

Applied For

Not Applicable

Zip

Country

12533 USA

Zip

Country

12533 USA

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

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME HUNDLEY, MONTY D  
STREET ADDRESS 1886 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION NY 12533

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

TITLE CD ☒ Delete  
NAME TOLLMAN, STANLEY S.  
STREET ADDRESS 1886 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION NY 12533

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

TITLE VT ☐ Delete  
NAME STEENHUISEN, ROBERT  
STREET ADDRESS 1886 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION NY 12533

TITLE DVT ☒ Change ☐ Addition  
NAME STEENHUISEN, ROBERT  
STREET ADDRESS 2424 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION, NY 12533

TITLE VS ☐ Delete  
NAME PLEMMONS, JODEE  
STREET ADDRESS 1886 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION NY 12533

TITLE DVS ☒ Change ☐ Addition  
NAME PLEMMONS, JODEE  
STREET ADDRESS 2424 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION, NY 12533

TITLE D ☐ Delete  
NAME TOLLMAN, BRETT G  
STREET ADDRESS 1886 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION NY 12533

TITLE DCP ☒ Change ☐ Addition  
NAME TOLLMAN, BRETT G.  
STREET ADDRESS 2424 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION, NY 12533

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/99)