

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09283

1. Entity Name

HOYT ADVISORY SERVICES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90031 050 ***150.00

Principal Place of Business

THE HOYT CENTER SUITE 300
760 US HWY ONE
N. PALM BCH. FL 33408

Mailing Address

THE HOYT CENTER SUITE 300
760 US HWY ONE
N. PALM BCH. FL 33408-4419

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 52-1442963

Applied For
Not Applicable

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

SELDIN, MAURY
THE HOYT CENTER SUITE 300
760 US HWY ONE
N. PALM BEACH FL 33408

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
NAME SELDIN, MAURY
STREET ADDRESS 5380 N OCEAN DR II-14J
CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 370 Date Palm Court, NE
CITY-ST-ZIP St. Petersburg, FL 33703

TITLE STD
NAME RACSTER, RONALD L
STREET ADDRESS 1775 COLLEGE RD
CITY-ST-ZIP COLUMBUS OH 43210 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1441C Cliff Court
CITY-ST-ZIP Columbus, OH 43204

TITLE VPD
NAME SMITH, HALBERT C
STREET ADDRESS 1650 NW 22ND CIRCLE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

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

TITLE AS
NAME HOWARD, THOMAS L
STREET ADDRESS 801 PENNSYLVANIA AVE NW STE 800
CITY-ST-ZIP WASHINGTON DC 20004 ☐ Delete

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

TITLE VATD
NAME DONOHUE, RON M
STREET ADDRESS 1707 EMBASSY DR #203
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6372 143RD Street
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE D
NAME FISHER, JEFFREY D
STREET ADDRESS 3310 GOSPORT CT
CITY-ST-ZIP BLOOMING IN 47401 ☐ Delete

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:

Ron M. Donohue Ron M. Donohue 4/13/00 (516) 694-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)