

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012987

1. Entity Name

H.E. CUNNINGHAM & ASSOCIATES, INC.

FILED

00 JAN 18 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2493 ARVAH BRANCH BLVD
TALLAHASSEE FL 32308
US

2493 ARVAH BRANCH BLVD
TALLAHASSEE FL 32308-9105
US

2. Principal Place of Business

1114C Thomasville Rd

3. Mailing Address

1630 Balkin Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#40

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

US

Zip

32310

Country

US

4. FEI Number

59-3171081

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUNNINGHAM, HUGH E
2493 ARVAH BRANCH BLVD
TALLAHASSEE FL 32308

Name

Cunningham, Hugh E.

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

1630 Balkin Rd #40

City

Tallahassee

FL

Zip Code

32310

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

Hugh E. Cunningham President

1/17/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CUNNINGHAM, HUGH E
2493 ARVAH BRANCH BLVD
TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Cunningham, Hugh E
1630 Balkin Rd #40
Tallahassee, FL 32310 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 #

Hugh E. Cunningham

1/17/00

(850) 222-7163

SP