

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023358

1. Entity Name

HUGHS PROPERTIES, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90031 001 ***150.00

Principal Place of Business Mailing Address
155 E 21ST STREET C/O DENNIS D FRICK
JACKSONVILLE FL 32206 PO BOX 4667
JACKSONVILLE FL 32201-4667
US

010400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3177858 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -
FRICK, DENNIS D
155 E 21ST ST
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent
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 _____ (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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HUGHS, JR N C | |
| STREET ADDRESS | 155 E 21ST ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | BAKER, II J D | |
| STREET ADDRESS | 155 E 21ST ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FRICK, DENNIS D | |
| STREET ADDRESS | 155 E 21ST ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, EDWARD L | |
| STREET ADDRESS | 155 E 21ST ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | TRE | <input type="checkbox"/> Delete |
| NAME | JAMES JEFFREY GILSTRAP | |
| STREET ADDRESS | 155 EAST 21ST STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | T | |
| STREET ADDRESS | Gilstrap, James J. | |
| CITY-ST-ZIP | 155 East 21st Street Jacksonville, FL 32206 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AS | |
| STREET ADDRESS | Pateke, Wallace A. | |
| CITY-ST-ZIP | 155 East 21st Street Jacksonville, FL 32206 | |

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: Dennis D. Frick Secretary 1/19/00 904-355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)