

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027121

1. Entity Name

HILL BAUCOM & ASSOCIATES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90154 010 ***150.00

Principal Place of Business

Mailing Address

2999 N.E. 191 STREET
CONCORDE CENTRE II. SUITE 904
AVENTURA FL 33180
US

2999 N.E. 191 STREET
CONCORDE CENTRE II. SUITE 904
AVENTURA FL 33180-3123
US

2. ~~Principal~~ Place of Business

3. ~~Mailing~~ Address

~~1351 E. SANDPIPER CIRCLE~~

~~1351 E. SANDPIPER CIRCLE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

PEMBROKE PINES, FL

PEMBROKE PINES, FL

4. FEI Number

65-0481320

Applied For

Not Applicable

Zip

Country

Zip

Country

33026

USA

33026

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

PARDOS, SHARON B
2999 N.E. 191 STREET
SUITE 904
AVENTURA FL 33180

Name

CATHY G. HILL

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

1351 E. SANDPIPER CIRCLE

City

PEMBROKE PINES

FL

Zip Code

33026

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HILL, CATHY G.
2999 N.E. 191 ST. SUITE 904
AVENTURA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PARDOS, SHARON B
2999 N.E. 191 ST. SUITE 904
AVENTURA FL ☒ Delete

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

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☐ 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-00

954-433-4471