

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039156

1. Entity Name

H. B. MACCALLUM, P.A.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90004 010 ***150.00

Principal Place of Business

8959 SAVANNAH PARK
ORLANDO FL 32819

Mailing Address

8959 SAVANNAH PARK
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3317007**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MACCALLUM, HARRY B
8959 SAVANNAH PARK
ORLANDO FL 32819

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **MACCALLUM, HARRY B**
CITY-ST-ZIP **8959 SAVANNAH PARK**
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MACCALLUM, PHYLLIS J**
CITY-ST-ZIP **8959 SAVANNAH PARK**
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 #

7/11/00

407 841 1080

A0067928



DO NOT WRITE IN THIS SPACE

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Hunter Insurance Agency, Inc.

H.B. MACALLUM P.A.

FLORIDA DEPT. OF STATE

Gentlemen:

7/11/00



The enclosed notice is the first one that I have received this year. I understand that first notices were sent back in December or January but I did not get one at that time. And, I did not think to report it to your department.

I am enclosing \$150 along with the signed report, and ask that you waive the penalty. Yours truly,
Thank you. H.B. Macallum