

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047440

1. Entity Name

HOLLYMOUNT DIABETIC SUPPLY, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90068 003 ***150.00

Principal Place of Business

6301 NW 5TH WAY
STE 1400
FT LAUDERDALE FL 33309

Mailing Address

6301 NW 5TH WAY
STE 1400
FT LAUDERDALE FL 33309-6139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0592352

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

~~SPEER, JUANITA~~

6301 NW 5TH WAY
STE 1400
FORT LAUDERDALE FL 33309

Name **DONALD N. ALLOIAN**

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

6301 NW 5TH WAY STE 1400

City

FT. LAUDERDALE

FL

Zip Code

33309

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

Donald N. Alloian

3/15/00

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, GRANT		NAME	
STREET ADDRESS	PO BOX 21364		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33335		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, TRUDY ELLEN		NAME	
STREET ADDRESS	5883 BARTRAM ST		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEER, JUANITA		NAME	
STREET ADDRESS	4141 NW 90TH AVE APT 2		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLOIAN, DONALD		NAME	
STREET ADDRESS	3750 GALT OCEAN DR APT. 1601		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD, FL 33308		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

Donald N. Alloian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 (954) 958 7201
Date Daytime Phone #

CR25024 (0/00)