

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90183 040 \*\*\*150.00

**DOCUMENT # P96000029938**

1. Entity Name

**HAMMONDVILLE HOLDINGS CORPORATION**

Principal Place of Business

Mailing Address

**4821 IMPERIAL TERR  
 LOUISVILLE KY 40216  
 US**

**4821 IMPERIAL TERR  
 LOUISVILLE KY 40216  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0662120**

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

**BEATY, MARCIA  
 1400 HARBOUR POINT DRIVE  
 21615 VILLA NOVA DR  
 BOCA RATON FL 33433**

Name **Marcia BEATY**

Street Address (P.O. Box Number is Not Acceptable) **21615 VILLA NOVA DRIVE**

City **BOCA RATON**

FL

Zip Code **33433**

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, 2001 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  Delete  
 NAME **D HALL, BILLY L**  
 STREET ADDRESS **4821 IMPERIAL TERR**  
 CITY-ST-ZIP **LOUISVILLE KY**

TITLE  Change  Addition  
 NAME **Director**  
 STREET ADDRESS **Scot Lloyd**  
 CITY-ST-ZIP **110 Lions Gate Drive Cary, NC 27511**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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: Scot Lloyd  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-21-2001  
 Daytime Phone # 502-447-3369

919-466-0448

CR2E034 (10/00)