

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036228

1. Entity Name
HHC JR, INC.

Principal Place of Business
3355 LENOX ROAD
ATLANTA GA 30326

Mailing Address
P.O. BOX 23866
JACKSONVILLE FL 32241-3866

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90007 025 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2242304** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAULK, KENNETH W
9962 VINEYARD LANE RD. E.
JACKSONVILLE FL 32256

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

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

TITLE **PD** ☐ Delete
NAME **CONNERTY, HUGH H**
STREET ADDRESS **3355 LENOX ROAD**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **VD** ☐ Delete
NAME **CONNERTY, LYDIA**
STREET ADDRESS **225 VALLEY RD., NW**
CITY-ST-ZIP **ATLANTA GA 30305**

TITLE **ST** ☐ Delete
NAME **PAULK, KENNETH W**
STREET ADDRESS **9962 VINEYARD LAKE RD. E.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **136 SEA HAMMOCK WAY**
STREET ADDRESS **# 136**
CITY-ST-ZIP **ROUTE VEAAT BKT FL 32082**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 persons empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/00
Date

(904) 363-3252
Daytime Phone #