## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # P96000039769

1. Entity Name

Principal Place of Business

SIGNATURE:

HUGHES BOWMAN DESIGN GROUP, INC.

··· YACHT CLUB DRIVE ·· AUGUSTINE FL 32095		PO DRAWER 4050 ST. AUGUSTINE FL 32085-4050					0035	063	4 <b>4</b> / <b>8</b> 21 ( <b>41</b> 1)
2. Principal F	Place of Business	3. Mailing Address			7				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	DO NOT W	RITE IN TH	IIS SPACE	
City & Stat	е	City & State			4.	FEI Number <b>59-33784</b>	79	<b> </b>	pplied For ot Applicable
Zip Country		Zip Cour		ntry		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		2.70 may ==	7. 1	Name and Address of Nev	v Registere	ed Agent	
				Name //	20	15 E	41	1.//	
HALL, CHARLES E JR 25 OLD MISSION AVE				Street Address (P.O. Box Number is Not Acceptable)					
				City 7.	16	MENIA MENSTA	F س	Zip Gog	oss
8. The above	named entity submits this statement fo		·	office or registe			Florida.	L Zipgoz	<u>n</u> _
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! F After MAY 1, 2000 Make Check Payable to				II be \$550.00		10. Election Campaign Trust Fund Contribu	_	_ \$5.0	<b>0</b> May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.		ΑĒ	ODITIONS/CHANGES TO C	OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HUGHES, ELEANOR C 117 COLORADO STREET ST. AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET / CITY-ST	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BOWMAN, SIDNEY C 117 COLORADO STREET ST. AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET /					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete III		TITLE NAME STREET / CITY-ST					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY-ST					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY-ST					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET / CITY-ST					☐ Change	Addition
13. I hereby indicated of the colchanged	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee of the control of the co	this filing does not qualify for strue and accurate and that owered to execute this report with all other like empowered	or the exemp my signature t as required	otion stated in S e shall have the I by Chapter 60	Section e same 07, Flor	119.07(3)(i), Florida Statut legal effect as if n ade und ida Statutes; and that my n	es. I further ler oath; tha ame appea	certify that the in at I am an officer ars in Block 11 or	nformation or director Block 12 if

**FILED** 

Mar 09, 2000 8:00 am Secretary of State

03-09-2000 90110 038 \*\*\*150.00