

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057449

1. Entity Name

STAR GROUP HOLDINGS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90067 002 ***150.00

Principal Place of Business

Mailing Address

2817 E. DUVAL STREET
LAKE CITY FL 32055

2817 E. DUVAL STREET
LAKE CITY FL 32055-3621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

725 E. Putnam St

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT 42

City & State

LAKE CITY FL

Zip

32056

Country

Columbia

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3392582

Applied For

Not Applicable

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

HALEY, WILLIAM J
10 NORTH COLUMBIA STREET
LAKE CITY FL 32055

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

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OOSTERHOUDT, F.S. III
2817 E. DUVAL STREET
LAKE CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres. William J. Haley
2817 E. Duval St
Lake City FL 32056

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
HALEY, WILLIAM J.
10 N COLUMBIA ST
LAKE CITY FL 32055

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secty. D
Thomas W. Brown
10 N Columbia St
Lake City FL

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 #

CR2E034 (9/99)