## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P96000069975** H & S PROPERTIES OF GAINESVILLE, INC. 04-26-2000 90076 003 \*\*\*150.00 Principal Place of Business Mailing Address 2700-D NW 43RD ST 2700-D NW 43RD ST GAINESVILLE FL 32606 GAINESVILLE FL 32607-1635 2. Principal Place of Business 3. Mailing Address 7328-F W. University Ave. 7328-F W. University Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3398578 Gainesville, FL Gainesville, Not Applicable Zip 32607 Country Country \$8.75 Additional 5. Certificate of Status Desired 32607 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAW, JAMES W Street Address (P.O. Box Number is Not Acapotable) 2700-D NW 43RD ST **GAINESVILLE FL 32606** Zip Code City A ladwa 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. <u>James W. Shaw</u> stered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS X Change ☐ Addition DΡ ☐ Delete TITLE TITLE HODOR, HOWARD NAME NAME STREET ADDRESS 7328-F W. University Ave. STREET ADDRESS 2700-D NW 43RD ST CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32607 **GAINESVILLE FL 32606** ☐ Addition Change . DVST ☐ Delete TITLE TITLE 13505 nw 88th P1 Alachra F( 32615 NAME SHAW, JAMES W NAME STREET ADDRESS STREET ADDRESS 2700-D NW 43RD ST CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition . ☐ Delete TITLE TITLE 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 ampowered 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 expowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

James W Shand 4/4/00

352-665-8570

Addition

Daytime Phone #