

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071909

1. Entity Name

HOOP HOLDINGS, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90046 044 \*\*\*158.75

**B0036757**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
204 Vinewood Rd.  
Apt. M33  
McMinnville, Tn. 37110

Mailing Address  
204 Vinewood Rd.  
Apt. M33  
McMinnville  
Tn 37110

2. Principal Place of Business  
204 Vinewood Rd.  
Suite, Apt. #, etc.  
Apt. M33

3. Mailing Address  
202 Vinewood Rd.  
Suite, Apt. #, etc.  
Apt. M33

City & State  
McMinnville, Tn

City & State  
McMinnville, Tn

4. FEI Number  
59-3397886

Applied For  
Not Applicable

Zip  
37110

Country  
USA

Zip  
37110

Country  
USA

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

6. Name and Address of Current Registered Agent  
Steve Weitlauf  
4701 SE 40th Court  
Ocala, FL 34480

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.

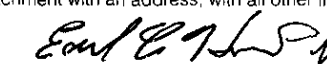
SIGNATURE  **STEVE WEITLAUF** 03/03/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ **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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hoop, Earl F. Jr. 204 Vinewood Rd. Apt. M33 McMinnville, Tn 37110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **EARL F. HOOP JR.** 03-03-00 931-473-7191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)