

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076103

1. Entity Name

PHIPPS HOLDINGS, INC.

Principal Place of Business

3110 CAPITAL CIRCLE NE  
TALLHASSEE FL 32308

Mailing Address

3110 CAPITAL CIRCLE NE  
TALLHASSEE FL 32308-3706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOYLE, DENNIS O.  
3110 CAPITAL CIRCLE NE  
TALLHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Phipps Ventures, Inc.  
Street Address (P.O. Box Number is Not Acceptable) 3110 Capital Circle NE  
City Tallahassee FL Zip Code 32308

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	<input type="checkbox"/> Delete
NAME	BOYLE, DENNIS O	
STREET ADDRESS	3110 CAPITAL CIRCLE NE	
CITY-ST-ZIP	TALLHASSEE FL 32308	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PHIPPS, JOHN E	
STREET ADDRESS	3110 CAPITAL CIRCLE NE	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, WILLIAM H	
STREET ADDRESS	3110 CAPITAL CIRCLE NE	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHIPPS, JOHN T	
STREET ADDRESS	RT 9 BOX 190	
CITY-ST-ZIP	TALLHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHIPPS, JEFFERY S	
STREET ADDRESS	P O BOX 14629	
CITY-ST-ZIP	TALLHASSEE FL 32317	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WILDER, DAVID	
STREET ADDRESS	3110 CAPITAL CIR NE	
CITY-ST-ZIP	TALLHASSEE FL 32308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90137 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)