

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088672

1. Entity Name

HOLY FAMILY BOOKS AND GIFTS INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90072 037 ***150.00

Principal Place of Business

2010 SOUTH THIRD STREET
JACKSONVILLE FL 32250
US

Mailing Address

2010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250-4017
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3397562

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

Name

J.J. VIGOREAUX

Street Address (P.O. Box Number is Not Acceptable)

4817 BLUE HERON DR.

City

PONTE VEDRA,

FL

Zip Code

32082

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

J.J. VIGOREAUX

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HOLT, SUZANNE M
STREET ADDRESS 706 CEDAR COURT
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☒ Delete

TITLE V
NAME VIGOREAUX, JJ
STREET ADDRESS 4817 BLUE HERON DRIVE
CITY-ST-ZIP PONTE VEDRA FL 32082 ☐ Delete

TITLE S
NAME GARDNER, MICHAEL
STREET ADDRESS 8110 SABAL OAK LANE
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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)