

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90055 007 ***150.00

DOCUMENT # P96000100802

1. Entity Name

HOLLISTER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**318 INDIAN TRACE
 STE 200
 WESTON FL 33326
 US**

**318 INDIAN TRACE
 STE 200
 WESTON FL 33326
 US**

2. Principal Place of Business

21 Partridge Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenville, SC

City & State

Zip

Country

29601

Country

US

4. FEI Number

65-0713660

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

**LEGAL INFORMATION SERVICES ICN.
 1290 WESTON ROAD STE 300
 FORT LAUDERDALE FL 33326**

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, 2001 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 **D** ☐ Delete
 NAME **HOLLISTER, MICHAEL**
 STREET ADDRESS **318 INDIAN TRACE STE 200**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **P** ☒ Change ☐ Addition
 NAME **21 Partridge Lane**
 STREET ADDRESS **Greenville, SC**
 CITY-ST-ZIP **29601**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/14/01

864-370-0400

Date

Daytime Phone #

CR2E034 (10/00)