

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001920

1. Entity Name

HOME TOUR OF FLORIDA, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90070 048 ***150.00

Principal Place of Business

Mailing Address

6408 CLINTON HIGHWAY
KNOXVILLE TN 37912

POST OFFICE BOX 175
KNOXVILLE TN 37901-0175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1714477

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIRD, WARREN J ESQ.
254 EAST SIXTH AVE.
TALLAHASSEE FL 32303

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, 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

PD
HACKWORTH, JIM
6408 CLINTON HIGHWAY
KNOXVILLE TN 37912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
HACKWORTH, CAROL
6408 CLINTON HIGHWAY
KNOXVILLE TN 37912 ☐ Delete

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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:

Signature of Jim Hackworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-16-2000

Daytime Phone #

865-938-9412