## 2000 UNIFORM BUSINESS REPORT (UBR)

|  |  |   |   | <del></del>  | 1  |  |   |   |                            |  |
|--|--|---|---|--|--|--|---|---|----------------------------|--|
| DOCUMENT # P97000070455  1. Entity Name  |  |   |   |  |  | 04-18-2000 90847 001****635.00<br>P97000070455<br>FILED    |   |   |                            |  |
| FOREST HILL CONTRACTING CORP.  |  |   |   |  |  | , ,  | _ <del>_</del>                          |   |                            |  |
|  |  | <u> </u>  |   | <del>, •</del>                                     |  | 00 JUL 21  | AM 9: 39                                | )   |                            |  |
| Principal Place of Business .  |  | Mailing Address   |   |  |  | SECRETARY  | OF STATE                                | •<br>•                                    | -                          |  |
| 12773 W FOREST HILL BLVD<br>SUITE 207<br>WELLINGTON FL 33414                       |  | 12773 W FOREST HILL BLVD<br>SUITE 207   |   |  |  | TALLAHASSE   | E, FLORID                               | A:  |                            |  |
|  | Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Current F  BEER, JERALD S 515 N FLAGLER DR 19TH FLOOR WEST PALM BEACH FL 33401 | WELLINGTON FL 33414-476   | 52  |  |  |  |   |   |                            |  |
| 2 Principal P  | lace of Business · ·   | 3. Mailing Address  | 3. Mailing Address                                  |  |  |  |   |   |                            |  |
|  |  | Suite Act # etc   |   |  |  |  |   |   | ist bist (40)              |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  | 65-0807838                                 |  |   |   |                            |  |
| City & State   |  | City & State  |   |  | 4. Fi                                      | APPLIED  | FOR                                     | <i>^</i>                                  | plied For<br>t Applicable  |  |
| Zip Country  |  | Zip   | Coun  | try .  | - <b>5</b> , C                             | Certificate of Status Desired                              |   | 8.75 Add                                  |                            |  |
|  | 6. Name and Address of Current   | Registered Agent  | <u> </u>  |  | 7. N                                       | ame and Address of New                                     |   |   |                            |  |
| -  |  |   |   | Name   |  |  |   |   |                            |  |
| ·  |  |   |   | Street Address (P.O. Box Number is Not Acceptable) |  |  |   |   |                            |  |
|  |  |   |   |  |  |  |   |   |                            |  |
| YYES   | OF PALM DEACH FL 33401   |   |   | City   |  | A SE   | FL                                      | Zip Code                                  | 3 . ·                      |  |
|  |  |   |   | ed office or register                              | ed age                                     | ent, or both, in the State of                              | Florida.                                |   | •                          |  |
| C. S. S.   | But the second of the second   | The spirit of the first of the | ena<br>Migraeri                                     | 1. P. T. W.  |  |  |   |   |                            |  |
| SIGNATURE .  | Signature, typed or printed name of registered agent   | and title if applicable. (NOT   | E: Registere  | d Agent signaturs required                         | l when rei                                 | ristating)   | DATE                                    | <u> </u>                                  |                            |  |
| Tax filing r   | oration is eligible to satisfy its Intangible equirement and elects to do so.  | 000 Fee   | IS \$150.00<br>will be \$550.00<br>epartment of Sta | te   | 10Election Campaign<br>Trust Fund Contribu |  |   | <b>0</b> May Be <sup>-</sup><br>I to Fees |                            |  |
| 11.  | OFFICERS AND   |   | 12.   | ·  | ADI  | DITIONS/CHANGES TO O                                       |   |   |                            |  |
| TITLE<br>NAME  | D<br>  Kelley, J. Thomas   | ☐ Delete  | ittle<br>Nam  | i  |  |  | 1                                       | ☐ Change                                  | Addition                   |  |
| STREET ADDRESS 12773 W FOREST HILL BLVD SU<br>CITY-ST-ZIP WEST PALM BEACH FL 33414 |  | UITE 207  |   | ET ADDRESS<br>-ST-ZIP                              |  |  |   |   |                            |  |
| TITLE  | WEST PALM BEACH FL 33414   | Delete  | IIILE   |  | -  |  |   | Change                                    | Addition                   |  |
| NAME   |  | •   | NAM   | E<br>Et address                                    |  |  |   |   |                            |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | -ST-ZIP  |  |  | <del></del>                             |   |                            |  |
| TITLE  |  | · Delete  | TITL!   | 1  |  |  |   | ☐ Change                                  | ☐ Addition                 |  |
| NAME<br>STREET ADDRESS   |  | ,   | STRE  | ET ADDRESS   |  |  |   | _   |                            |  |
| CITY-ST-ZIP  |  | Pelete  | -   | -\$T-ZIP   |  | <b>~</b> .   | · · ·                                   | Change                                    | ☐ Addition                 |  |
| TITLE<br>Name  |  | Delcie  | MAM   | Ε  |  |  |   |   |                            |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   |  |  |  |   |   |                            |  |
| TITLE  |  | ☐ Delete  |   | 1  |  |  |   | Change                                    | Addition                   |  |
| NAME<br>STREET ADDRESS   |  |   |   | i  |  |  |   |   |                            |  |
| CITY-ST-ZIP  |  |   | <del></del>   |  |  |  | - <del></del> ,                         | 7.05                                      | C Addition                 |  |
| TITLE<br>NAME  |  | ☐ Delete  | - 1   |  |  |  | • (                                     | change                                    | Accilion                   |  |
| STREET ADDRESS   |  |   |   |  |  |  |   | S   | P                          |  |
| 13. I hereby o   | certify that the information supplied with   | n this filing does not qualify to   |   | ·  | ection 1                                   | 19.07(3)(i), Florida Statute                               | s. I further certif                     | y that the ir                             | nformation                 |  |
| indicated<br>of the cor  | on this report or supplemental report is poration or the receiver or trusted empore on an estachment with a second   | s true and accurate and that a<br>owered to execute this report<br>with all accurate amounts  | ny signal<br>as recuri                              | ture shall have the red by Charler 607             | same le                                    | egal effect as if made unde<br>da Statutes; and that my na | er oath; that i arr<br>ame appears in i | an officer<br>Block 11 or                 | or airector<br>Block 12 if |  |
| cnanged,   | or on an attachment with an address.   | The ampowered   |   |  |  | 4/10/00  |   |   |                            |  |
| SIGNAT   | URE: SIGNATURE AND TYPED OR I  | PRINTED NAME OF SIGNING OFFICER   | OR DIRECT   | ОЯ   |  | Date   | Dey                                     | time Phone #                              |                            |  |
|  |  | NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 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 or the receiver or trustee empowered in successful and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or the receiver or trustee empowered in successful this report as efforties to of the feer 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an attachment with an address, with at table time empowered.   |   |  |  |  |   |   |                            |  |