

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094050

1. Entity Name

HIDDEN OAKS PLACE, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90089 007 \*\*\*158.75

Principal Place of Business

Mailing Address

5514 PARK BLVD.  
PARK FL 33781

P.O. BOX 10243  
LARGO FL 33773-0243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6880-46 Avenue N.

Suite, Apt. #, etc.

Suite 240

3. Mailing Address

P.O. Box 10007

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Largo, FL

4. FEI Number

59-3496146

Applied For

Not Applicable

Zip  
33709

Country  
USA

Zip  
33773

Country  
USA

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

REED, JOHN W

5514 PARK BLVD.

PINELLAS PARK FL 33781

Name

John W. Reed

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

9000-94 Avenue N.

City

Seminole, FL

FL

Zip Code  
33773

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

*John W. Reed*

President/Director 4/6/00

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  
D  
REED, JOHN W  
5514 PARK BLVD.  
PINELLAS PARK FL 33781 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9000-94 Avenue N.  
Seminole, FL 33773 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*John W. Reed*

President /Director 4/6/00 727-545-9076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)