

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90040 009 \*\*\*150.00

DOCUMENT # **P97000096744**

1. Entity Name  
**DRH & ASSOCIATES, CORP.**

Principal Place of Business <b>HUNTER'S LAKE DR., APT. 312 FL 33647</b>	Mailing Address <b>8801 HUNTER'S LAKE DR., APT. 312 TAMPA FL 33647-2851</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>APT #126</b>	3. Mailing Address <b>P.O. Box 290511</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA, FL</b>	4. FEI Number <b>59-3496383</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33647</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**HURST, DUDLEY  
8801 HUNTER'S LAKE DR., APT. 312 126  
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**APT #126**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>HURST, DUDLEY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HURST, DUDLEY</b>		NAME <b>HURST, DUDLEY</b>	
STREET ADDRESS <b>8801 HUNTER'S LAKE DR., APT. 312</b>		STREET ADDRESS <b>APT #126</b>	
CITY-ST-ZIP <b>TAMPA FL 33647</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowered.

SIGNATURE: **DUDLEY HURST** Date **4/6/00** Daytime Phone **813-887-7361**

CR2E034 (9/99)