FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## Jan 29, 2001 8:00 am DOCUMENT # P98000068184 **Secretary of State** 1. Entity Name HOFFMAN PROPERTIES, INC. 01-29-2001 90114 008 \*\*\*158.75 Principal Place of Business Mailing Address 888 BENTLEY GREEN CIRCLE 888 BENTLEY GREEN CIRCLE 40140 WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3525495 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 77. Name and Address of New Registered Agent HOFFMAN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 888 BENTLEY GREEN CIRCLE WINTER SPRINGS FL 32708 City 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 (NOTE: Registered Agent signature required when reinstating) nted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ;R2E034 (10/00) Addition TITLE ☐ Delete TITLE Change HOFFMAN, STEVEN NAME NAME Bentley GREENCIR 888 BENTLEY GREEN CIR STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-7IP CITY-ST-7IP Delete TITI F ☐ Change ☐ Addition TITLE HOFFMAN, SHERRY NAME NAME 888 BENTLEY GREEN CIR. STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIF ≃TITLE. TITLE ☐ Change Addition Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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