

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069986

1. Entity Name

HOLLYHOC DEVELOPMENT CORPORATION

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90065 010 ***150.00

906091



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3723 S MILITARY TR
GREEN ACRES FL 33463

Mailing Address

P.O. BOX 6296
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

3770 Mil-Stream Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenacres FL

City & State

Zip

33463

Country

USA

Zip

Country

4. FEI Number

65-0856423

Applied For

Not Applicable

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

TAPLIN, NORMAN E ESQ.
515 NORTH FLAGLER STREET
SUITE 1600
WEST PALM BEACH FL 33401

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, 2001 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
PSTD
CAPPIELLA, ROBERT
3723 S MILITARY TRAIL
GREENACRES FL 33463 ☐ Delete

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

TITLE
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☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-0-01 541-966-8488

CR2E034 (10/00)