

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074012

1. Entity Name
HUMMINGBIRD GROWTH, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90143 029 ***550.00

Principal Place of Business
1515 SILVER SPRINGS BLVD.
SUITE 130
OCALA FL 34470

Mailing Address
1515 SILVER SPRINGS BLVD.
~~SUITE 100~~
OCALA FL 34470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 36-4252467
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAYHORN, PATRICIA
3101 SOUTH WEST 34TH AVENUE
SUITE 905-461
OCALA FL 34474

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8222 W. Hwy 326
City Ocala FL Zip Code 34482

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 Patricia Strayhorn Patricia Strayhorn 7/18/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P T
NAME STRAYHORN, PATRICA
STREET ADDRESS 3101 SOUTH WEST 34TH AVE
CITY-ST-ZIP Ocala FL 34474

TITLE VP S
NAME Larry Strayhorn
STREET ADDRESS 8222 W. Hwy 326
CITY-ST-ZIP Ocala FL 34482

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8222 W. Hwy 326
CITY-ST-ZIP Ocala FL 34482

TITLE VP S
NAME Larry Strayhorn
STREET ADDRESS 8222 W. Hwy 326
CITY-ST-ZIP Ocala FL 34482

TITLE
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CITY-ST-ZIP

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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: Patricia Strayhorn 7/18/00 352 369 8624
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)