

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075934

1. Entity Name

D & H PUBS INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90175 027 \*\*\*150.00

Principal Place of Business

126 ISLAND WY  
CLEARWATER FL 33767

Mailing Address

126 ISLAND WY  
CLEARWATER FL 33767-2216

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3531417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, F. ROBERT  
126 ISLAND WY  
CLEARWATER FL 34630

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLLAND, F. ROBERT	
STREET ADDRESS	9495 BLIND PASS RD. #1203	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR-HOLLAND, MARSHA	
STREET ADDRESS	9495 BLIND PASS RD. #1203	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUFF, THOMAS	
STREET ADDRESS	126 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	126 Island Way	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	126 Island Way	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*F. Robert Holland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

727 449-1366

Daytime Phone #

CR02001 (04/00)