

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101434

1. Entity Name

HERMIT COLONY, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90063 032 ***150.00

Principal Place of Business

Mailing Address

930 SW 69 TERR
PLANTATION FL 33324-4004

7744 PETERS RD
PMB 305
PLANTATION FL 33324-4004

2. Principal Place of Business

4870 Winkfield Way

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FL

City & State

4. FEI Number

65-0880818

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

Country

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

BEST, VIRGINIA A
930 SOUTHWEST 69TH TERRACE
PLANTATION FL 33317

Name

Street Address (P.O. Box Number Is Not Acceptable)

4870 Winkfield Way

City

DAVIE

FL

Zip Code

33331

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

Virginia A Best
Signature, typed or printed name of registered agent and title if applicable.

VIRGINIA A BEST

3-22-00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BEST, VIRGINIA A
STREET ADDRESS 930 SOUTHWEST 69TH TERRACE
CITY-ST-ZIP PLANTATION FL 33317

☐ Delete

TITLE
NAME
STREET ADDRESS 4870 Winkfield Way
CITY-ST-ZIP DAVIE FL 33331

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 all other like empowered.

SIGNATURE:

Virginia A Best
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA A BEST

Date

3/22/00

Daytime Phone #

484-252-7637

CR2E034 (9/99)