

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90095 028 \*\*\*150.00

**DOCUMENT # P98000101434**

1. Entity Name  
**HERMIT COLONY, INC.**

Principal Place of Business

**4870 WAKEFIELD WAY  
 DAVIE FL 33331**

Mailing Address

**7744 PETERS RD  
 PMB 305  
 PLANTATION FL 33324-4004**

**C0039323**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1631 SW 22 AVE**

3. Mailing Address

**1631 SW 22 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE FL**

City & State

**FT. LAUDERDALE FL**

4. FEI Number

**65-0880818**

Applied For

Not Applicable

Zip

Country

**33312 BROWARD**

Zip

Country

**33312 BROWARD**

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  
 4870 WAKEFIELD WAY  
 DAVIE FL 33331**

Name

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

**1631 SW 22 AVENUE**

City

**FT. LAUDERDALE**

FL

Zip Code

**33312**

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-28-01**

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	<b>PD BEST, VIRGINIA A 4870 WAKEFIELD WAY DAVIE FL 33331</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** *Virginia A Best*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-28-01**

Daytime Phone #

**934 327-2944**

CR2E034 (10/00)