

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017553

1. Entity Name

HEBICO INC.

Principal Place of Business

808 SE FORT KING STREET  
OCALA FL 34471

Mailing Address

808 SE FORT KING STREET  
OCALA FL 34471-2320

2. Principal Place of Business

520 S.E. FT. KING ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BUILDING A

City & State  
OCALA, FLORIDA

City & State

Zip  
34471

Country  
USA

Zip

Country

4. FEI Number

59-3558266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALDOIN, WILLIAM C JR.  
520 SE FORT KING STREET  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

WILLIAM C. HALDIN, JR.

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

808 S.E. FORT KING STREET

City

OCALA

FL

Zip Code  
34471

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)

WILLIAM C. HALDIN, JR.

1/21/2000

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	<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	
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	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM H. TUCK, JR.
STREET ADDRESS	520 S.E. FORT KING STREET, BLDG. A
CITY - ST - ZIP	OCALA, FL 34471
TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH W. PRESSLEY, JR.
STREET ADDRESS	520 S.E. FORT KING STREET, BLDG. A
CITY - ST - ZIP	OCALA, FL 34471
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. TUCK, JR. (352)840-0005

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)