

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020562

1. Entity Name  
HS RACHELS, INC.

**FILED**  
**Sep 22, 2000 8:00 am**  
**Secretary of State**

09-22-2000 90004 025 \*\*\*750.00

Principal Place of Business  
783 GOLF CLUB DR.  
RED BAY FL 32455

Mailing Address  
783 GOLF CLUB DR.  
RED BAY FL 32455

2. Principal Place of Business

3. Mailing Address  
P.O. Box 88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DeFuniak Springs, FL

Zip

Country

Zip  
32435

Country

U.S.A.

4. FEI Number

59-3595435

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARK D  
694 BALDWIN AVE. STE. 3  
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name  
SHIRLEY HOPE RACHELS

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

173 Hill Street

City  
DeFuniak Springs, FL

Zip Code  
32435

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 SHIRLEY HOPE RACHELS Secretary Shirley Hope Rachels 9/18/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	DST RACHELS, SAMUEL T HILL ST. DEFUNIAK SPRINGS FL 32433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RACHELS, SAMUEL T 400 BUD MCBROOM ROAD DEFUNIAK SPRINGS FL 32433	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RACHELS, SHIRLEY HOPE 173 Hill St. DeFuniak Springs, FL 32435	<input checked="" 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: SHIRLEY HOPE RACHELS 9/18/00 850-835-1552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)