

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 07, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000051156**

1. Entity Name

BLACK-HILLS, INC.

Principal Place of Business

C/O FOWLER, WHITE, GILLEN P.A.
501 E. KENNEDY BLVD. SUITE 1700
TAMPA FL 33602

Mailing Address

C/O FOWLER, WHITE, GILLEN P.A.
501 E. KENNEDY BLVD. SUITE 1700
TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3591064

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HIGBEE R. ALAN
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602 US

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)

01/07/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T.TITLE ☐ Change ☒ Addition
NAME
SD
HIGBEE R A
STREET ADDRESS
501 E. KENNEDY BLVD., SUITE 1700
CITY-ST-ZIP TAMPA FL 33602T.TITLE ☐ Change ☒ Addition
NAME
TD
KIRKLAND JACK JR.
STREET ADDRESS
13577 FEATHERSOUND DR., SUITE 400
CITY-ST-ZIP CLEARWATER FL 33762T.TITLE ☐ Change ☒ Addition
NAME
PD
OWEN WILLIAM CHH
STREET ADDRESS
17717 SIMMS ROAD
CITY-ST-ZIP ODESSA FL 33556TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT.TITLE ☐ Change ☐ 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: R. A. HIGBEE

SD 01/07/2000