

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90239-036-\$500.00-\$500.00

DOCUMENT # P99000062501

1. Entity Name

FHB, INC.

Principal Place of Business

788 PRESERVE TERR
LAKE MARY FL 32746-5201

Mailing Address

788 PRESERVE TERR
LAKE MARY FL 32746-5201

FILED

00 SEP 26 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

615 W. CAPE CORAL PKWY

3. Mailing Address

615 W. CAPE CORAL PKWY

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33914

Country

Lee

Zip

33914

Country

Lee

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name WALLACE E. Hunter SR - D

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

615 W. CAPE CORAL PKWY

Ste 203

CAPE CORAL

FL

Zip Code

33914

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

WALLACE E. Hunter SR
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 | D | <input type="checkbox"/> Delete |
| NAME | HUNTER, WALLACE E | |
| STREET ADDRESS | 788 PRESERVE TERR | |
| CITY-ST-ZIP | HEATHROW FL 32746 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BENNETT, MICHAEL C | |
| STREET ADDRESS | 615 W CAPE CORAL PARKWAY, SUITE 203 | |
| CITY-ST-ZIP | CAPE CORAL FL 33914 | |
| 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 | | <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 | 600003419586--1 | |
| CITY-ST-ZIP | -10/09/00--01097--006 | |
| 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:

WALLACE E. Hunter SR

9-1-00

949-289-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)