## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P99000082099** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** HO 100, INC. 03-03-2000 90137 001 \*\*\*952.50 Principal Place of Business Mailing Address 215 FIFTH STREET #108 215 FIFTH STREET #108 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-4026 2. Principal Place of Business 3. Mailing Address 2000 N. Florida Mango Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc #200 4. FEI Number Applied For City & State 65-6982749 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLMER, BRENT G Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE SUITE 400 **NORTH PALM BEACH FL 33408** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99) ☐ Change Addition tresident TITLE □ Defete TITLE NAME 2000 N. Florida Mango Rd + 200 STREET ADDRESS STREET ADDRESS WPAlm Beach 71 33409 CITY-ST-ZIP CITY-ST-ZIP Nice Pres TITLE Delete TITLE ee w Heaton 2000 N. Florida Mangold + 200 NAME NAME STREET ADDRESS STREET ADDRESS Wisalm Beach 76 33409 CITY-ST-7IP CITY-ST-ZIP ice Pres / sect ITreas Addition ☐ Delete TITLE 2000 N. Florida Mangold \$200 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP PAlm Beach 20 33409 CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accurate and other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

561.697.5252

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