

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082993

1. Entity Name

HUMMEL BAHN ENTERPRIZE, INC.

Principal Place of Business

4134 GULF OF MEXICO DRIVE, SUITE 302
 LONGBOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DRIVE, SUITE 302
 LONGBOAT KEY FL 34228-2614

2. Principal Place of Business

3912 INDIAN TRAIL

Suite, Apt. #, etc.

3. Mailing Address

3912 INDIAN TRAIL

Suite, Apt. #, etc.

City & State

DESTIN, FLORIDA

City & State

DESTIN, FLORIDA

Zip

Country

32541

Zip

Country

32541

4. FEI Number

65-0957202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORKA, KARL
 4134 GULF OF MEXICO DRIVE, SUITE 302
 LONGBOAT KEY FL 34228

Name

DORKA KARL

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

3912 INDIAN TRAIL

City

DESTIN

FL

Zip Code

32541

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

Karl Dorka

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DORKA, KARL	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE, SUITE 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DORKA, HELMUT	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE, SUITE 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORKA, KARL	
STREET ADDRESS	3912 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN, FLORIDA 32541	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORKA LESLEY	
STREET ADDRESS	3912 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN FLORIDA 32541	
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		
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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:

Karl Dorka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90081 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)