

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S89306

1. Entity Name

HOLLY HILL OFFICE STORAGE, INC.

Principal Place of Business

555 8TH STREET  
HOLLY HILL FL 32117

Mailing Address

P.O. BOX 963  
DEBARY FL 32713-0963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

EVANS, RICHARD N  
387 MAGNOLIA PLACE  
DEBARY FL 32713

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)

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EVANS, RICHARD N	
STREET ADDRESS	387 MAGNOLIA PLACE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CAREY, JAMES E	
STREET ADDRESS	805 8TH STREET	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, RICHARD N	
STREET ADDRESS	387 MAGNOLIA PLACE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGGET, DOUGLAS	
STREET ADDRESS	552 ANCHORAGE DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL 33408-4804	
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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD N EVANS

Date

Daytime Phone #

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90051 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3095820** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/93)