

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90018 045 \*\*\*150.00

615406



DO NOT WRITE IN THIS SPACE

DOCUMENT # V26725

1. Entity Name

THE HOEFLE GROUP, INC.

Principal Place of Business

Mailing Address

1421 WHITEHALL BLVD  
 WINTER SPRINGS FL 32708  
 US

1421 WHITEHALL BLVD  
 WINTER SPRINGS FL 32708-6121  
 US

2. Principal Place of Business

3. Mailing Address

131 BOUNDARY BLVD  
 Suite, Apt. #, etc.  
 UNIT B

131 BOUNDARY BLVD  
 Suite, Apt. #, etc.  
 UNIT B

City & State  
 ROTONDA WEST FL

City & State  
 ROTONDA WEST FL

Zip  
 33947 Country  
 USA

Zip  
 33947 Country  
 USA

4. FEI Number 59-3135100

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

HOEFLE, KENT C  
 1421 WHITEHALL BLVD  
 WINTER SPRINGS FL 32708

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

*Kent C Hoefle* KENT C. HOEFLE PRESIDENT 2/12/00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOEFLE, KENT C	
STREET ADDRESS	1421 WHITEHALL BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEFLE, SCOTT W	
STREET ADDRESS	91 WINDSOR DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOEFLE, DON W JR	
STREET ADDRESS	91 WINDSOR DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S T	<input type="checkbox"/> Delete
NAME	DONNA R HOEFLE	
STREET ADDRESS	1421 WHITEHALL BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	131 BOUNDARY BLVD UNIT B	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
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)(j), 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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)