

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35200

1. Entity Name

HOLI CORP.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90035 047 ***150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DR

5117 CASTELLO DR

NAPLES FL 34103

NAPLES FL 34133-0279

2. Principal Place of Business

3. Mailing Address

28000 Spanish Wells Blvd

P.O. Box 279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State
Bonita Springs FL

City & State
Bonita Springs FL

Zip Country
34135

Zip Country
34133

4. FEI Number 65-0332224

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

AMBURN, JAMES W
5117 CASTELLO DR STE 1
NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd

Suite 200

City Bonita Springs

FL

Zip Code 34135

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	MEINDI, SABINE	
STREET ADDRESS	17 BLUEBILL AVE #802	
CITY-ST-ZIP	NAPLES FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WENTA, ANNELESE	
STREET ADDRESS	17 BLUEBILL AVE #802	
CITY-ST-ZIP	NAPLES FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPVTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Amburn	
STREET ADDRESS	28000 Spanish Wells Blvd.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
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

Date

Daytime Phone #