

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64693

1. Entity Name

BUCHHOLZ CLOSING, INC.

Principal Place of Business

2208 NW 71ST PLACE
GAINESVILLE FL 32653
US

Mailing Address

2208 NW 71 ST PL
GAINESVILLE FL 32653-1620
US

2. Principal Place of Business

3. Mailing Address

12424 NW County Rd 231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

Zip

Country

Zip

Country

32653

4. FEI Number

59-3142316

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

BUCHHOLZ, LEROY HUGO, JR.
2208 NW 71 STREET PLACE
GAINESVILLE FL 32653

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, LEROY HUGO, JR.	NAME	
STREET ADDRESS	3941 NW 67TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, LORETTA P.	NAME	
STREET ADDRESS	3941 NW 67TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.

SIGNATURE:

Leroy Hugo Buchholz Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90131 001 ***300.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)