

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90467 018 \*\*\*150.00

**DOCUMENT # H31600**

1. Entity Name

**HTE-UCS, INC.**

Principal Place of Business

Mailing Address

**2005 WEST CYPRESS CREEK ROAD  
 STE 100  
 FT. LAUDERDALE FL 33309-1835  
 US**

**2005 WEST CYPRESS CREEK ROAD  
 STE 100  
 FT. LAUDERDALE FL 33309-1835  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2486196**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMOS, DANIA  
 2005 WEST CYPRESS CREEK ROAD  
 STE 100  
 FT. LAUDERDALE FL 33309-1835**

Name

**GORNTD, L.A., JR.**

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

**149 F SOUTH RIDGEWOOD AVE.**

City

**DAYTONA BEACH**

FL

Zip Code

**32114**

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

**L.A. GORNTD, JR. EV/S/D**

**4/26/00**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAMOS, O. F.</b>	NAME	<b>HEAFY, BRIAN B.</b>
STREET ADDRESS	<b>14020 CARLTON DRIVE</b>	STREET ADDRESS	<b>404 NEW WATER FORD PLACE</b>
CITY-ST-ZIP	<b>DAVE FL</b>	CITY-ST-ZIP	<b>LONGWOOD, FL. 32779</b>
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	EV/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORTH, WILLIAM KNOX</b>	NAME	<b>GORNTD, L.A., JR.</b>
STREET ADDRESS	<b>2130 N.W. 82ND TERRACE</b>	STREET ADDRESS	<b>149 F. SOUTH RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>	CITY-ST-ZIP	<b>DAYTONA BEACH, FL. 32114</b>
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAMOS, DANIA</b>	NAME	<b>FEINBERG, MILES</b>
STREET ADDRESS	<b>20201 NW 7TH STREET</b>	STREET ADDRESS	<b>8238 NW 41ST ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33065</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, ROBERT W.</b>	NAME	
STREET ADDRESS	<b>1310 NE 27 WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	V/CF/T/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>FALD.T.CO., SUSAN D.</b>
STREET ADDRESS		STREET ADDRESS	<b>1724 FOUNTAINHEAD DRIVE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>LAKE MARY, FL. 32746</b>
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MERSCH, THOMAS F</b>
STREET ADDRESS		STREET ADDRESS	<b>2879 BAYAN BLVD CL NW</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>BOCA RATON, FL. 33431</b>

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.

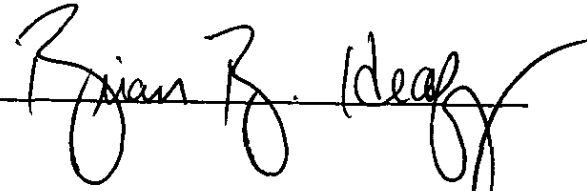
SIGNATURE: **Brian B. Heafy** **BRIAN B. HEAFY** 4-25-00 407-304-3235  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment  
C0078449  
# H31600

# H31600  
HTE-UCS, INC.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ✓ TALLENT, NANCY D. 1374 BRISTOL PARK PLACE HEATHROW, FL. 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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BRIAN B. HEAFY 4/25/00