

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90289 029 *****70.00

DOCUMENT # N94000005527

1. Entity Name

HBHCI HUD 4, INC.

Principal Place of Business

**PO BOX 428
 NEW PORT RICHEY FL 34656-0428**

Mailing Address

**PO BOX 428
 NEW PORT RICHEY FL 34656-0428**

00030726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3299259

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TORRENCE, ALFRED W JR
 6645 RIDGE ROAD
 PORT RICHEY FL 34668**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DST
 SWANN, KENNETH J.
 7420 RHINEBECK DR
 PORT RICHEY FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 Irene Rickus
 P.O. Box 428
 New Port Richey, FL 34656** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 HELIE, KING
 3707 CORSAIR CT
 NEW PORT RICHEY FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MALARKEY-STALLARD, PATRICIA
 8012 PINEAPPLE LANE
 PORT RICHEY FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DST
 Marie Dennis
 P.O. Box 428
 New Port Richey, FL 34656** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 GAUTHIER, A. RUTH
 6936 MESA VERDE STREET
 PORT RICHEY FL 34668** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Craig LaPorte
 11914 Oak Trail Way
 Port Richey, FL 34668** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Beverly Barnett
 7327 Burns Point Circle
 New Port Richey, FL 34652** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Philip Chesnut
 4932 Glenn Dr.
 New Port Richey, FL 34652** ☐ Change ☒ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Irene Rickus** **2/29/01** **(727) 841-4200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)