

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 395345

1. Entity Name  
HCF CORPORATION

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90047 004 \*\*\*150.00

Principal Place of Business  
1532 JUNE AVENUE  
LOT 10-A  
PANAMA CITY FL 32405  
US

Mailing Address  
1532 JUNE AVENUE  
LOT 10-A  
PANAMA CITY FL 32405-3795  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
1532 JUNE AVE  
Suite, Apt. #, etc.  
LOT 10-A  
City & State  
PANAMA CITY FL  
Zip  
32405  
Country  
FLA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1388511  
Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CALLAWAY, HOLLEY M.  
1532 JUNE AVENUE  
LOT 10A  
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent  
Name N/A  
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 N/A  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	CALLAWAY, HOLLEY M.	
STREET ADDRESS	1532 JUNE AVE LOT 10-A	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSSER, CHARLES A.	
STREET ADDRESS	2540 LIENBY AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLAWAY, HOLLEY M.	
STREET ADDRESS	1532 JUNE AVE LOT 10-A	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSER, CHARLES A.	
STREET ADDRESS	2540 LIENBY AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: HOLLEY M. CALLAWAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3-31-2000  
Daytime Phone # 1-850 643-5455  
1-850 785-3685

CR2E034 (9/99)