

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 420352

1. Entity Name

H. F. DEVELOPMENT CO.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90104 031 \*\*\*150.00

Principal Place of Business 100 S 2ND ST. ROOM 100 P.O. BOX 249 FT. PIERCE FL 34954-7249 US	Mailing Address 100 S 2ND ST. ROOM 100 P.O. BOX 249 FT. PIERCE FL 34954-0249 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1512658</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HUGHES, DONALD E.</b> <b>4904 PALEO PINES CIR</b> <b>FT. PIERCE FL 34951</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANKLE, DAVID C.</b>	NAME	
STREET ADDRESS	<b>1075 31ST AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSS, TAMMY</b>	NAME	<b>SANTIUSTE TONI</b>
STREET ADDRESS	<b>691 S.E. WHITMORE DRIVE</b>	STREET ADDRESS	<b>15342 WALDB PEPPER DR.</b>
CITY-ST-ZIP	<b>PORT ST-LUCIE FL 34984</b>	CITY-ST-ZIP	<b>FT. PIERCE, FL 34987</b>
TITLE	<b>PTD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, DONALD E.</b>	NAME	
STREET ADDRESS	<b>4904 PALEO PINES CIR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OVERTON, JERRY D.</b>	NAME	
STREET ADDRESS	<b>5080 SW 69TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEBBER, DON W</b>	NAME	
STREET ADDRESS	<b>602 BROADWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000 361-460-7054  
Date Daytime Phone #

CR2E034 (9/99)