

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90061 034 \*\*\*150.00

**DOCUMENT # 420352**

1. Entity Name  
**H. F. DEVELOPMENT CO.**



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 ATTN: SANTUUSTE  
FT. PIERCE FL 34954-7249  
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 **59-1512658**

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

**HUGHES, DONALD E.  
4904 PALEO PINES CIR  
FT. PIERCE FL 34951**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **HANKLE, DAVID C.**  
STREET ADDRESS **1075 31ST AVE**  
CITY-ST-ZIP **VERO BEACH FL**

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

TITLE **S** ☐ Delete  
NAME **SANTUUSTE, TONI**  
STREET ADDRESS **15342 WALDO PEPPER DR**  
CITY-ST-ZIP **FT PIERCE FL 34987**

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

TITLE **PTD** ☐ Delete  
NAME **HUGHES, DONALD E.**  
STREET ADDRESS **4904 PALEO PINES CIR**  
CITY-ST-ZIP **FT PIERCE FL**

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

TITLE **V** ☐ Delete  
NAME **OVERTON, JERRY D.**  
STREET ADDRESS **5080 SW 69TH ST**  
CITY-ST-ZIP **PALM CITY FL**

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

TITLE **D** ☒ Delete  
NAME **BEPPER, DON W**  
STREET ADDRESS **602 BROADWAY**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME **H. MICHAEL CALLAHAN**  
STREET ADDRESS **DIRECTOR**  
CITY-ST-ZIP **306 14<sup>TH</sup> AVENUE**  
**VERO BEACH, FL 32962**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 607, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/03**

Date

Daytime Phone #

CR2E034 (10/02)