

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770632

1. Entity Name

HCC PROPERTIES, INCORPORATED

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90117 042 ****61.25

Principal Place of Business

111 N. ORLANDO AVE
 WINTER PARK FL 32789
 US

Mailing Address

111 N. ORLANDO AVE.
 WINTER PARK FL 32789-3675
 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

59-2361517

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

TRIMBLE, T.L.
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

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

DP Delete

NAME

BLAIR, MARDIAN

STREET ADDRESS

111 NORTH ORLANDO AVENUE

CITY-ST-ZIP

WINTER PARK FL

TITLE

AS Delete

NAME

BLOCK, MARK

STREET ADDRESS

111 NORTH ORLANDO AVENUE

CITY-ST-ZIP

WINTER PARK FL

TITLE

D Delete

NAME

TRIMBLE, TAMARA L

STREET ADDRESS

111 NORTH ORLANDO AVE

CITY-ST-ZIP

WINTER PARK FL

TITLE

D Delete

NAME

RUCKER, WOMACK

STREET ADDRESS

111 N ORLANDO AVE

CITY-ST-ZIP

WINTER PARK FL

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/00

Date

407-975-1413

Daytime Phone #

CR2E037 (9/99)