

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770632

1. Entity Name

HCC PROPERTIES, INCORPORATED

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)