

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30935**

1. Entity Name

**STRONG PROPERTIES, LTD.**

FILED

02 JAN 24 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~C/O HOPE STRONG III~~  
P.O. BOX ~~607~~ **276**  
WINTER PARK, FL 32780

Mailing Address

~~C/O HOPE STRONG III~~  
P.O. BOX ~~607~~ **276**  
WINTER PARK, FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3045148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~STRONG, HOPE, III~~  
~~200 WELBOURNE AVE.~~  
~~SUITE 4~~  
~~WINTER PARK FL 32789~~

**DAVID C. STRONG**  
**300 VIRGINIA AVE**

7. Name and Address of New Registered Agent

Name **DAVID C. STRONG**

Street Address (P.O. Box Number is Not Acceptable)  
**300 VIRGINIA AVE DRIVE**

City **WINTER PARK** FL Zip Code **32789**

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]* **DAVID C. STRONG, VP**

DATE

9. Capital Contributions  
as Shown on record.

**\$4,950.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **S19552**  
NAME **HBL PROPERTIES, INC.**  
STREET ADDRESS **200 WELBOURNE AVE., #4**  
CITY-ST-ZIP **300 VIRGINIA AVE WINTER PARK FL 32789**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900004833859--5**  
**-01/25/02--01055--018**  
**\*\*\*\*141.25 \*\*\*\*141.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**16 Jan 2002**

CR2E003 (9/01)