

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011612 AT

DOCUMENT # **A93000000095**

1. Entity Name  
**HICKS INVESTMENTS LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business      Mailing Address  
**3800 WASHINGTON ROAD, #401**      **3800 WASHINGTON ROAD, #401**  
**WEST PALM BEACH FL 33405-2369**      **WEST PALM BEACH FL 33405-2369**



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 **65-0395746**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HICKS, H. S**  
**3800 WASHINGTON ROAD, #401**  
**WEST PALM BEACH FL 33405-2369**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$471,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **HICKS, H S TRUSTEE**  
STREET ADDRESS **3800 WASHINGTON ROAD, #401**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405-2369**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME **PHILIPS, LORI**  
STREET ADDRESS **112 PARK AVENUE**  
CITY-ST-ZIP **BREVARD NC 28712**

STREET ADDRESS **800004925158--2**  
CITY-ST-ZIP **-02/14/02--01033--017**  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
NAME **ECHAVE, LESLIE**  
STREET ADDRESS **3453 CEDARWOOD TRAIL**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**JAN 22, 2002**  
Date      Daytime Phone #

CR2E003 (9/01)