

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000688**

1. Entity Name

**HP PREFERRED LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business

**6401 EDGEWATER DRIVE  
ORLANDO FL 32810**

Mailing Address

**6401 EDGEWATER DRIVE  
ORLANDO FL 32810**

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

**59-3572608**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HALLIDAY, MICHAEL  
6401 EDGEWATER DRIVE  
ORLANDO FL 32810**

*DECEASED*

7. Name and Address of New Registered Agent

Name

**HALLIDAY, DOUGLAS G.**

Street Address (P.O. Box Number is Not Acceptable)

**6401 EDGEWATER DRIVE**

City

**ORLANDO**

**FL**

Zip Code

**32810**

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

**DOUGLAS G. HALLIDAY CEO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Douglas G. Halliday 7/13/2000**

9. Capital Contributions  
as Shown on record:

**\$1,044,766.00**

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 #  
NAME **HALLIDAY, DOUGLAS G**  
STREET ADDRESS **6401 EDGEWATER DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32810**

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**300003334379-7  
-07/25/00-01050-005  
\*\*\*\*326.25 \*\*\*\*326.25**

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:

**Douglas G. Halliday**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/13/00**

Date

**407 298 4470**

Daytime Phone #

CR/E003 (5/00)