

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002117

**1. Entity Name**  
HHC II, LTD.

**Principal Place of Business**  
621 North Point Dr.  
Holmes Beach, FL 34217

**Mailing Address**  
P.O. Box 880  
Anna Maria, FL 34216

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -5 AM 9:25



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**4. FEI Number**  
65-0972294

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
B. Rex Hagen  
P.O. Box 880  
Anna Maria, Florida 34216

**7. Name and Address of New Registered Agent**  
Name: B. REX HAGEN  
Street Address: 108 OAK AV  
City: ANNA MARIA FL  
Zip Code: 34216

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** B. REX HAGEN B. Rex Hagen June 28, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating) DATE

**9. Capital Contributions** as Shown on record: \$20,000,000.00  
**10. Amount of Capital Contributions** in FLORIDA to date: \$1,000,000.00  
**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 #	B. Rex Hagen
NAME	P.O. Box 880
STREET ADDRESS	Anna Maria, FL 34216
CITY-ST-ZIP	
DOCUMENT #	Helen Hagen
NAME	P.O. Box 880
STREET ADDRESS	Anna Maria, FL 34216
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	9000003321649--1
CITY-ST-ZIP	07/13/00 01009-015
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** B. Rex Hagen June 28, 2000 9417783700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)