2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 AM
Secretary of State

DOCUMENT# F01000004697

Entity Name: HMA TENANT CORPORATION

Current Principal Place of Business:

PO BOX 4920
ORLANDO, FL 328024920

New Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 328013336

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 328024920

New Mailing Address:

FEI Number: 59-3741414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRICKLAND, C. BRIAN
450 S. ORANGE AVENUE
ORLANDO, FL 328013336 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	STIDD, ANDREW L	
Address:	114 WEST 47TH STREET, STE 1715	
City-St-Zip:	NEW YORK, NY 10036	
Title:	D	( ) Delete
Name:	ANGELO, BERNARD J	
Address:	114 WEST 47TH STREET, STE 1715	
City-St-Zip:	NEW YORK, NY 10036	
Title:	D	( ) Delete
Name:	HUTCHISON, THOMAS J III	
Address:	450 S. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	
Title:	CEO	( ) Delete
Name:	SENEFF, JAMES M JR.	
Address:	450 S. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	
Title:	PT	( ) Delete
Name:	BOURNE, ROBERT A	
Address:	450 S. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	
Title:	EV	( ) Delete
Name:	MULLER, CHARLES A	
Address:	450 S. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. BOURNE PT 01/21/2002

Electronic Signature of Signing Officer or Director — Date

LINDA A. SCARCELLI, AS
450 S. ORANGE AVE.
ORLANDO, FL 32801-3666

LYNN E. ROSE, S
450 S. ORANGE AVE.
ORLANDO, FL 32801-3666