

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005506

1. Entity Name

H. F. I. CORPORATION

Principal Place of Business

190 W. GLADES RD STE C  
BOCA RATON FL 33432

Mailing Address

190 W. GLADES RD STE C  
BOCA RATON FL 33432-1642

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

38-0496840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGMAN, JACQUELINE K  
333 N. OCEAN BLVD #1518  
DEERFIELD BEACH FL 33441

Name

Str

HAGMAN, RICHARD G  
1301 E HILLSBORO #202  
DEERFIELD BH FL 33441

eptable)

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

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

Richard G. Hagman VP President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SILCOX, RICHARD M 33 NW 12TH AVE BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAGMAN, JACQUELINE K 333 N. OCEAN BLVD, STE 1518 DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAGMAN, JOHN R 11701 METRIC STE 1513 AUSTIN TX 78758	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - DIRECTOR HAGMAN, JACQUELINE K 6150-1 RIVERWALK LN JUPITER FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER & ASST. SECRETARY - DIRECTOR PANNILL-HAGMAN, PRISCILLA A 1301 E HILLSBORO #202 DEERFIELD BH FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - DIRECTOR HAGMAN, RICHARD G 1301 E HILLSBORO #202 DEERFIELD BH FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard G. Hagman VP

Date

4/17/00

561-391-8302

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)