

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000488

1. Entity Name

HPI ORLANDO, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90142 036 \*\*\*150.00

Principal Place of Business

Mailing Address

5445 FORBES PLACE  
ORLANDO FL 32813-0010

010 PRICEWATERHOUSECOOPERS-LLP  
1375 EAST NINTH ST  
CLEVELAND OH 44114-1724

2. Principal Place of Business

1615 M Street N.W.

3. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 600

City & State

Washington, D.C.

City & State

Coral Gables, FL

Zip

20036

Country

USA

Zip

33134

Country

USA

4. FEI Number

52-2075438

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
PTD  
HEININGER, KARL D  
10400 FERNWOOD ROAD  
BETHESDA MD ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Assistant Secretary/Treasurer/Director  
Gaffney, Patrick M.  
1615 M Street NW, Suite 700  
Washington, D.C. 20036 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MANN, W. DAVID  
10400 FERNWOOD ROAD  
BETHESDA MD ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President/Secretary  
Hornbacher, Bradley D.  
255 Alhambra Circle, Suite 600  
Coral Gables, FL 33134 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KIMBALL, KEVIN M  
10400 FERNWOOD ROAD  
BETHESDA MD ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President/Assistant Secretary  
Fuerst, Heidi  
1615 M Street NW, Suite 700  
Washington, D.C. 20036 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GAFFNEY, PATRICK M  
10400 FERNWOOD ROAD  
BETHESDA MD ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CLIST, TODD  
10400 FERNWOOD ROAD  
BETHESDA MD ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
BRUFF, CAROL  
10400 FERNWOOD ROAD  
BETHESDA MD ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

Block 11 or 12 or Not Listed Officer or Director

Date

Daytime Phone #

CR2E034 (99)