

DOCUMENT # F98000006675

1. Entity Name  
HLC TAMPA PARTNERS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90182 041 \*\*\*150.00

Principal Place of Business Mailing Address  
7080 ABERCORN STREET 7080 ABERCORN STREET  
SAVANNAH GA 31406 SAVANNAH GA 31406-2404

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 **58-2427635** 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PC	HAMMOND, J. R	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7080 ABERCORN STREET	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31406	CITY-ST-ZIP	
VSVC	AIMONE, CHARLES M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7080 ABERCORN STREET	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31406	CITY-ST-ZIP	
TD	ROBERTS, CHARLES H	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7080 ABERCORN STREET	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31406	CITY-ST-ZIP	
D	SAULS, G. G	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7080 ABERCORN STREET	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31406	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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

Date: 1/5/00 Daytime Phone #: 912-352-4493

CR2E034 (9/99)