Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F9800006675 1. Entity Name HLC TAMPA PARTNERS, INC.								O3 APR 17 PM 2:16		
Principal Place of Business Mailing Address 7080 ABERCORN STREET 7080 ABERCORN SAVANNAH GA 31406 SAVANNAH G					RCORN STREET					
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				41	CHECK HERE IF MAKING CHANGES		
City & State			City & State				4.	58-2427635 Applied For Not Applicable		
Zip Country			Zip		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Curren	Register	ed Agent		7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Name Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324						City.				
8- The above named entity submits this statement for the purpose of changing its re-						City				
the obligat SIGNATURE .	Signature, typed	lor printed name of registered agen	and title if app	dicable. (NO	TE: Registere	ed Agent signature req	uired when i	n reinstalling) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						***		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees		
10.		OFFICERS AND	DIRECTO	PRS	11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOO ADENOONIN ONIEE.			☐ Delete		E HE EET ADDRESS '-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC AIMONE, CHARLES M 7080 ABERCORN STREET SAVANNAH GA 31406					E IE EET ADDRESS '-ST-ZIP		☐ Change ☐ Additio		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 / VOV ADERCORN STREET							40001638341ª4 □ Addition 04/21/0301018026 **676.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition		
TITLE Name Street address City-ST-Zip				☐ Delete		i		☐ Change ☐ Addition		
12. I hereby of indicated of the corchanged,	certify that the on this repor- poration or the or on an atta	e information supplied with the or supplemental recort in the receiver of trustee emp achment with an address,	n thys filing s true and overed to with all oth	does not qualify fo accurate and that re execute this report er like empowered	r the exe my signa as requi	mption stated in ture shall have the red by Chapter	Section ne same 807, Flor	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 10 or Block 11 if		