

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31600

1. Entity Name

HTE-UCS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90467 018 ***150.00

Principal Place of Business

2005 WEST CYPRESS CREEK ROAD
STE 100
FT. LAUDERDALE FL 33309-1835
US

Mailing Address

2005 WEST CYPRESS CREEK ROAD
STE 100
FT. LAUDERDALE FL 33309-1835
US

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

59-2486196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, DANIA
2005 WEST CYPRESS CREEK ROAD
STE 100
FT. LAUDERDALE FL 33309-1835

7. Name and Address of New Registered Agent

Name

GORNTD, L.A., JR.

Street Address (P.O. Box Number is Not Acceptable)

149 F SOUTH RIDGEWOOD AVE.

City

DAYTONA BEACH

FL

Zip Code

32114

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.

L.A. GORNTD, JR. EV/S/D

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, O. F.	
STREET ADDRESS	14020 CARLTON DRIVE	
CITY-ST-ZIP	DAVE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NORTH, WILLIAM KNOX	
STREET ADDRESS	2130 N.W. 82ND TERRACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, DANIA	
STREET ADDRESS	20201 NW 7TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NELSON, ROBERT W.	
STREET ADDRESS	1310 NE 27 WAY	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEAFY, BRIAN B.	
STREET ADDRESS	404 NEW WATERFORD PLACE	
CITY-ST-ZIP	LONGWOOD, FL. 32779	
TITLE	EV/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORNTD, L.A., JR.	
STREET ADDRESS	149 F. SOUTH RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL. 32114	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEINBERG, MILES	
STREET ADDRESS	8238 NW 41ST ST	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/CF/T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALD.TECO, SUSAN D.	
STREET ADDRESS	1724 FOUNTAINHEAD DRIVE	
CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERSCH, THOMAS F	
STREET ADDRESS	2879 BAYAN BLVD CL NW	
CITY-ST-ZIP	BOCA RATON, FL. 33431	

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

Daytime Phone #

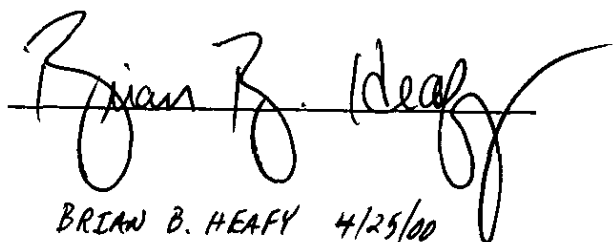
BRIAN B. HEAFY 4-25-00 407-304-3235

CR2E034 (9/99)

Attachment
C0078449
H31600

H31600
HTE-UCS, INC.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TALLENT, NANCY D. 1374 BRISTOL PARK PLACE HEATHROW, FL. 32746
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
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
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BRIAN B. HEAFY 4/25/00