

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H85024

1. Entity Name

HGL PROPERTIES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90043 039 ***150.00

Principal Place of Business

Mailing Address

6602 EXECUTIVE PARK CT N #207
JACKSONVILLE FL 32216
US

50 N LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202-3656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8120 Nations Way

3. Mailing Address

Suite, Apt. #, etc.
#202

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

4. FEI Number

59-2617452

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. 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

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
DP
SMITH, JAMES P., JR.
7800 BELFORT PARKWAY
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Smith, James P., Jr.
8120 Nations Way, #202
Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
Date

904 608 1144
Daytime Phone #

CR2E034 (9/99)