2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26981

1. Entity Name

HWH ARCHITECTS ENGINEERS PLANNERS INC.

Principal Place of Business	Mailing Address
990 BENNETT AVE STE 100 WINTER PARK FL 32789 US	990 BENNETT AVE SUITE 100 WINTER PARK FL 32789-2216 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number 59-2715559

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORSE, KENNETH D
501 N. MAGNOLIA AVENUE
SUITE A
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Scott A. Frick - Hinshaw & Culbertson
Street Address (P.O. Box Number is Not Acceptable)
First Union Center

100 South Ashley, Suite 830

City Tampa   FL   Zip Code 33602

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 _____   Scott A. Frick, Esquire

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRICK, GARY J		NAME		
STREET ADDRESS	990 BENNETT AVE SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NAIME MERWAN H		NAME		
STREET ADDRESS	990 BENNETT AVE SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BESKE DAWN T		NAME		
STREET ADDRESS	990 BENNETT AVE SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: _____ 4/24/00   (407) 629-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #