

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90236 014 ****61.25

DOCUMENT # N00000002812

1. Entity Name

HPUMC LAND HOLDINGS, INC.

Principal Place of Business

Mailing Address

**500 WEST PLATT STREET
TAMPA FL 33606**

**500 WEST PLATT STREET
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3641121

Applied For

Not Applicable

Zip

Country

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

**GARDNER, J. STEPHEN
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☒ Delete
NAME	GARCIA, KENNEDY	
STREET ADDRESS	5216 W. NEPTUNE WAY	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	☒ Delete
NAME	BARRITT, NANCY	
STREET ADDRESS	2512 SIMMS BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	☐ Delete
NAME	CAMMACK, JOHN	
STREET ADDRESS	2918 W. BAY COURT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	T	☐ Delete
NAME	BALDWIN, SUSAN	
STREET ADDRESS	2622 W. JETTON AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	T	☐ Delete
NAME	SKYRMS, KENT	
STREET ADDRESS	26 SPANISH MAIN ST.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	☐ Delete
NAME	MECKLEY, SCOTT	
STREET ADDRESS	2715 W. JETTON AVE.	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE	T	☐ Change ☒ Addition
NAME	Anne Allen	
STREET ADDRESS	494 Lucerne Ave	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	T	☐ Change ☒ Addition
NAME	Ed Andrews	
STREET ADDRESS	2910 Bayshore Vista Drive	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4-29-02

813-254-9302

Date

Daytime Phone #

CR2E037 (9/01)