

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000616

1. Entity Name

HCL INSTITUTE INC.

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

02-01-2000 90063 009 ****61.25

Principal Place of Business

5111 - 66TH ST. N. SUITE 510
ST. PETERSBURG FL 33709

Mailing Address

5111 - 66TH ST. N. SUITE 510
ST. PETERSBURG FL 33709-3197

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3289169

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKOK, FLOYD A
5694 - TERRACE N.
325
KENNETH CITY FL 33709

7. Name and Address of New Registered Agent

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

TITLE ☒ Delete
NAME D
STREET ADDRESS WRIGHT, BARRY
CITY-ST-ZIP 4611 - 46TH AVE N.
KENNETH CITY FL 33709

TITLE ☐ Delete
NAME PD
STREET ADDRESS HICKOK, FLOYD A
CITY-ST-ZIP 5694 40 TERRACE
KENNETH CITY FL 33709

TITLE ☐ Delete
NAME TD
STREET ADDRESS KRODAL, WILLIAM
CITY-ST-ZIP 4437 CENTRAL AVE.
ST. PETERSBURG FL

TITLE ☐ Delete
NAME VPD
STREET ADDRESS BRYAN, DONNA M
CITY-ST-ZIP 6918 DUNCANSBY AVE. N.
ST. PETERSBURG FL 33709

TITLE ☒ Delete
NAME D
STREET ADDRESS HOLLIDAY, JOHN
CITY-ST-ZIP 9990 - 48TH PLACE N
ST PETERSBURG FL 33708

TITLE ☐ Delete
NAME VP Theresa With a II
STREET ADDRESS 5111 - 66 ST. N.
CITY-ST-ZIP St. Petersburg, FL 33709

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Theresa With a II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00