

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005097

1. Entity Name

H4 ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90135 003 ****61.25

Principal Place of Business

255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801

Mailing Address

255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801-3452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3347833

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

SMITH, W K
255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801

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	D	<input type="checkbox"/> Delete
NAME	BACHELOR, DICK	
STREET ADDRESS	201 SO. ORANGE AVENUE STE 1017	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, DUDLEY	
STREET ADDRESS	225 NEWBURYPORT AVE.	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEDINGFIELD, JEFF	
STREET ADDRESS	5401 WEST OAK RIDGE ROAD	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, MICHAEL D	
STREET ADDRESS	6200 INTERNATIONAL DRIVE	
CITY - ST - ZIP	ORLANDO FL 32819-8239	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREAUX, ROBERT	
STREET ADDRESS	1776 INDEPENDENCE LANE	
CITY - ST - ZIP	MATLAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, W. KELLY	
STREET ADDRESS	255 S. ORANGE AVENUE, SUITE 800	
CITY - ST - ZIP	ORLANDO FL 32801	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 517, 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:

W. Kelly Smith, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

407/843-7300

Date

Daytime Phone #

CR2E037 (9/99)