

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005097

1. Entity Name

H4 ASSOCIATION, INC.

Principal Place of Business

255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801

Mailing Address

255 SO. ORANGE AVENUE STE 800
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3347833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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 D ☐ Delete
NAME BATCHELOR, DICK
STREET ADDRESS 201 SO. ORANGE AVENUE STE 1017
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ Delete
NAME BATES, DUDLEY
STREET ADDRESS 225 NEWBURYPORT AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ Delete
NAME BEDINGFIELD, JEFF
STREET ADDRESS 5401 WEST OAK RIDGE ROAD
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ Delete
NAME BLACK, MICHAEL D
STREET ADDRESS 6200 INTERNATIONAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819-8239

TITLE D ☐ Delete
NAME BREAUX, ROBERT
STREET ADDRESS 1776 INDEPENDENCE LANE
CITY-ST-ZIP MAITLAND FL

TITLE SD ☐ Delete
NAME SMITH, W. KELLY
STREET ADDRESS 255 S. ORANGE AVENUE, SUITE 800
CITY-ST-ZIP ORLANDO FL 32801

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: W. Kelly Smith

1/22/01

407/843-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

CR-UBR24