

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089712

1. Entity Name
HGHS MANAGEMENT CO

Principal Place of Business
2151 E SEMORAN BLVD
APOPKA FL 32703

Mailing Address
2151 E SEMORAN BLVD
APOPKA FL 32703

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

Applied For

☒ Not Applicable

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

WILSON, BRUCE
2151 E SEMORAN BLVD
APOPKA FL 32703

Name
BAUMBARDNER, JR., William L.

Street Address (P.O. Box Number is Not Acceptable)
2151 E. SEMORAN BLVD.

City Apopka FL Zip Code 32703

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: *W. H. Young and Son, Jr.*

4-30-2001

(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, 2001 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 D ☒ Delete
NAME WILSON, BRUCE
STREET ADDRESS 2151 E SEMORAN BLVD
CITY-ST-ZIP APOPKA FL 32703

TITLE PRESIDENT ☐ Change ☒ Addition
NAME BAUMBARDNER, JR., WILLIAM L.
STREET ADDRESS 2151 E. SEMORAN BLVD.
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition
NAME BAUMBARDNER, ANNA K
STREET ADDRESS 2151 E. SEMORAN BLVD
CITY-ST-ZIP APOPKA, FL. 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME BAUMBARDNER, BRIAN J.
STREET ADDRESS 2151 E. SEMORAN BLVD.
CITY-ST-ZIP APOPKA, FL. 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200004483832--2
STREET ADDRESS -07/18/01--01012--020
CITY-ST-ZIP ***1128.75 *****8.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200004483832--2
STREET ADDRESS -07/18/01--01012--021
CITY-ST-ZIP ****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerment.

SIGNATURE: *W. H. Young and Son, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2001

Date

407-295-5009

Daytime Phone #

0042174

CR2E034 (10/00)