

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90149 004 ***150.00

DOCUMENT # P01000062787

1. Entity Name
HF EVENTS, INC.



Principal Place of Business
**324 WEST GORE ST.
ORLANDO FL 32806**

Mailing Address
**324 WEST GORE ST.
ORLANDO FL 32806**

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 **59-3726619**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SWANN & HADLEY, P.A.
1031 W. MORSE BLVD.
SUITE 160
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEARS, PAUL S JR**
STREET ADDRESS **324 W. GORE ST.**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **MEARS, PAUL S III**
STREET ADDRESS **324 W. GORE ST.**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **MEARS, JAMES B**
STREET ADDRESS **324 WEST GORE ST.**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **CEO** ☐ Delete
NAME **CARNS, CHARLES E JR**
STREET ADDRESS **324 W GORE ST**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **P** ☐ Delete
NAME **LEHMAN, FREDERIC**
STREET ADDRESS **4207 VINELAND ROAD STE M15**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **ST** ☐ Delete
NAME **BAKER, TIMOTHY L**
STREET ADDRESS **324 W GORE ST**
CITY-ST-ZIP **ORLANDO FL 32806**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☐ 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 **Director** ☒ 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 changed, or on an

SIGNATURE:

Timothy Baker
Timothy L. Baker

1/15/03

407-254-0244

CR2E034 (10/02)