

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P20292

FILED  
Jul 08, 2003  
Secretary of State

Entity Name: HPI FLORIDA, INC.

**Current Principal Place of Business:**

1615 M STREET NW  
SUITE 700  
WASHINGTON, DC 20036 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE ALHAMBRA PLAZA  
SUITE 1465  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 59-2955824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HEININGER, KARL DANIEL  
Address: 1615 N STREET NW # 700  
City-St-Zip: WASHINGTON, DC 20036

Title: DAST ( ) Delete  
Name: GAFFNEY, PATRICK M  
Address: 1615 M STREET NW, SUITE 700  
City-St-Zip: WASHINGTON, DC 20036

Title: VPS ( ) Delete  
Name: HORNBAKER, BRADLEY D  
Address: ONE ALHAMBRA PLAZA, SUITE 1465  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPAS ( ) Delete  
Name: FUERST, HEIDI  
Address: 1615 M STREET NW, SUITE 700  
City-St-Zip: WASHINGTON, DC 20036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HEININGER, DANIEL  
Address: 1615 N STREET NW # 700  
City-St-Zip: WASHINGTON, DC 20036

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADLEY D. HORNBAKER

VPS

07/08/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date