

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011730

1. Entity Name

HLS, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90060 041 \*\*\*150.00

Principal Place of Business

Mailing Address

100 NORTH TAMPA STREET  
SUITE 2300  
TAMPA FL 33602

POST OFFICE BOX 1531  
TAMPA FL 33601-1531  
US

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

59-3189368

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

ALLEN, JULIA M  
111 MADISON STREET  
SUITE 2300  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

400 North Tampa Street

Suite 2300

City  
Tampa

FL

Zip Code  
33602

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

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, 2000 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 PD  
NAME THAYER, STELLA F.  
STREET ADDRESS 400 N. TAMPA STREET, SUITE 2300  
CITY-ST-ZIP TAMPA FL 33602

☐ Delete

TITLE VD  
NAME FERGUSON, HOWELL L  
STREET ADDRESS 310 W. COLLEGE AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32302

☐ Delete

TITLE STD  
NAME THAYER, STELLA F  
STREET ADDRESS 400 N. TAMPA STREET, SUITE 2300  
CITY-ST-ZIP TAMPA FL 33602

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 empowered.

SIGNATURE:

*Stella F. Thayer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(813) 273-4200

Daytime Phone #

CR2E034 (9/99)