

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90123 029 ***150.00

DOCUMENT # P93000054161

1. Entity Name
H.W. PROPERTIES, INC.

Principal Place of Business 1509 JERSTAD WAY KISSIMMEE FL 34746 US	Mailing Address 1509 JERSTAD WAY KISSIMMEE FL 34746-7267 US
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DO NOT WRITE IN THIS SPACE

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	65-0427925	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEIBLING, DONALD M
1509 JERSTAD WAY
KISSIMMEE FL 34746

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRISON, DONALD A	
STREET ADDRESS	901 OXFORD DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEIBLING, JAMES M	
STREET ADDRESS	220 REMUDA DRIVE	<i>new address -></i>
CITY-ST-ZIP	CLOVIS NE	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEIBLING, DENNIS	
STREET ADDRESS	11415 176 PL. NE	<i>new address -></i>
CITY-ST-ZIP	REDMOND WA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEIBLING, JANET M	
STREET ADDRESS	901 OXFORD DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEIBLING, DONALD M	
STREET ADDRESS	1509 JERSTAD WAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEIBLING, GENE L	
STREET ADDRESS	1509 JERSTAD WAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>James M. Weibling</i>	
STREET ADDRESS	<i>4840 Stanley Ave</i>	
CITY-ST-ZIP	<i>Fort Worth, Texas 76115</i>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dennis Weibling</i>	
STREET ADDRESS	<i>9125 Lake Washington Blvd NE</i>	
CITY-ST-ZIP	<i>Bellevue, Washington 98004</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Gene L. Weibling* (Gene L. Weibling) 1-10-00 (407) 932-1943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)