

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90234 018 ***150.00

DOCUMENT # P94000033275

1. Entity Name
H & C MANAGEMENT, INC.

Principal Place of Business

**5026 N. US HWY 27
 LAKE WALES FL 33853
 US**

Mailing Address

**P. O. BOX 1391
 WINTER HAVEN FL 33882
 US**

80087782



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24789 Hwy. 27

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales, FL

City & State

4. FEI Number

59-3241788

Applied For

Not Applicable

Zip

33853

Country

Polk

Zip

FL

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMMONS, ROBERT O ESQ.
 1556 SIXTH STREET, SOUTH EAST
 WINTER HAVEN FL 33880**

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **PDT** ☐ Delete
 NAME **HEATH, WARREN K. II**
 STREET ADDRESS **2115 JONATHAN LANE, SOUTH EAST**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VPDS** ☐ Delete
 NAME **CARUSO, JOY A.**
 STREET ADDRESS **1626 SPRING LAKE DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
 NAME **HEATH, PAMELA S.**
 STREET ADDRESS **2115 JONATHAN LN, SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☐ Delete
 NAME **CARUSO, JOSEPH**
 STREET ADDRESS **1626 SPRING LAKE DR**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2002 863-324-0300

Date

Daytime Phone #

CR2E034 (9/01)