## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **P96000017052** Feb 17, 2000 8:00 am 1. Entity Name **Secretary of State** H & S OF WINTER PARK, INC. 02-17-2000 90033 001 \*\*\*300.00 Principal Place of Business Mailing Address 101 SUNNYTOWN ROAD STE 302 101 SUNNYTOWN ROAD STE 302 CASSELBERRY FL 32707 CASSELBERRY FL 32707-3862 8618 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3356402 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEDGES, RONALD E ESQ. Street Address (P.O. Box Number is Not Acceptable) 101 SUNNYTOWN ROAD STE 302 CASSELBERRY FL 32707 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE □ Delete TITLE NAME HEDGES, VALERIE L STREET ADDRESS STREET ADDRESS 101 SUNNYTOWN ROAD STE 302 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Change Addition Delete TITLE TITLE NAME SCHWARTZ, JILL S ESQ. NAME STREET ADDRESS STREET ADORESS 101 SUNNYTOWN ROAD STE 302 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Addition ☐ Change JITLE TITLE ¬□ Delete HEDGES, RONALD E ESQ. NAME NAME STREET ADDRESS STREET ADDRESS 101 SUNNYTOWN ROAD STE 302 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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 eport 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 trastee employeed 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.

SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

<u>10-00 407-831-4814</u>