2000 UNIFORM BUSINESS REPORT (UBR)

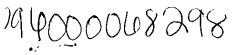
Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P96000068298** HFC GENERAL PARTNER, INC. 04-17-2000 90141 008 ***150.00 Principal Place of Business Mailing Address 3903 NORTHDALE BLVD. 3903 NORTHDALE BLVD. SUITE 140-E SUITE 140-E TAMPA FL 33629-8171 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 3225 S.MacDill Avenue 3225 S.MacDill Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 129 Suite 129 Applied For 4. FEI Number City & State City & State 59-3395048 Tampa, Florida Not Applicable Florida Tampa, Country \$8.75 Additional Zip 5. Certificate of Status Desired 33629 USA 33629 Pee Required USA 7. Name and Address of New Registered Agent _____6. Name and Address of Current Registered Agent Name BRYN, MARK J Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower, Suite 3599 ONE BISCAYNE TOER, STE 3599 2 OUTH BISCAYNE BOULEVARD STE 3599 2 South Biscayne Boulevard MIAMI FL 33602 Zip Code 3313] 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 (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Change Addition TITLE TITLE CULVERHOUSE, HUGH F JR NAME NAME ONE BISCAYNE TOWER, SUITE 3599 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33131 Assist.Sect., Assit.Treas. Addition TITLE ☐ Delete TITLE LYNCH, SCOTT NAME NAME 3903 NORTHDALE BOULEVARD STE 140E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** XX Addition - Delete TITLE VP,Treasurer -TITLE PURCELL, THOMAS K NAME NAME 225 WATER STREET, SUITE 1235 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202-5145 ☐ Addition ☐ Change XX Delete TITLE TITLE CASSIDY, EUGENE NAME NAME 3903 NORTHDALE BLVD., SUITE 140-E STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** Change XX Addition ASAT . D, VP, S XX Defete TITLE TITLE TRAMONTANO, LILLIAN NAME Mark J.Bryn NAME 3903 NORTHDALE BLVD., SUITE 140-E STREET ADDRESS 2 South Biscayne Boulevard, Suite 3599 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP Miami, Florida 33131 DVP Change XX Addition TITLE TITLE XX Delete CAPPELLO, ANDREW N NAME Joy Culverhouse 100 N TAMPA ST., SUITE 3000 STREET ADDRESS 3301 Bayshore Boulevard, Suite 2401 STREET ADDRESS CITY-ST-ZIP 33629 Tampa, Florida CITY-ST-ZIP **TAMPA FL 33602** 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 eath; 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 an other type empowered.

SIGNATURE: SIGNATURE AND APPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31,2000

<u>(305) 371–360(</u>

FILED



AHACAMENI MOOLE4593

Paragraph 11., continued

Title

Senior VP

XX Delete

Name

John C.Strickroot, Jr.

Address

One Biscayne Tower, Suite 3599

City

Miami, FL 33131