

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90090 003 ***150.00

DOCUMENT # P96000068298

1. Entity Name
HFC GENERAL PARTNER, INC.

Principal Place of Business 3225 S MACDILL AVE SUITE 129 TAMPA FL 33629 US	Mailing Address 3225 S MACDILL AVE SUITE 129 TAMPA FL 33629 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PMB #253 Suite, Apt. #, etc. 3225 S.Macdill Ave., Suite 129
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3395048	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRYN, MARK J ONE BISCAYNE TOER, STE 3599 2 OUTH BISCAYNE BOULEVARD STE 3599 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower, Suite 2680 2 South Biscayne Boulevard City FL Zip Code
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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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CULVERHOUSE, HUGH F JR ONE BISCAYNE TOWER, SUITE 3599 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAT LYNCH, SCOTT 3903 NORTHDALE BOULEVARD STE 140E TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S PMB #253 3225 South Macdill Ave., Suite 129 Tampa, FL 33629-8171 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD PURCELL, THOMAS K 225 WATER STREET, SUITE 1235 JACKSONVILLE FL 32202-5145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P PMB #253 3225 S.Macdill Avenue, Suite 129 Tampa, FL 33629-8171 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS BRYN, MARK J 2 SOUTH BISCAYNE BLVD SUITE 3599 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CULVERHOUSE, JOY 3301 BAYSHORE BLVD SUITE 2401 TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/Chairman of Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Scott Lynch **Scott Lynch** 4/25/01 **(813) 805-0093**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0303000

CR2E034 (10/00)