

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029607

1. Entity Name

HFSCF, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90023 045 ***150.00

Principal Place of Business

Mailing Address

231 RUBY AVE. STE D
KISSIMMEE FL 34741

231 RUBY AVE. STE D
KISSIMMEE FL 34746-4689

2. Principal Place of Business

3. Mailing Address

3160 Vineland Rd
Suite, Apt. #, etc.
3

3160 Vineland Rd
Suite, Apt. #, etc.
3

City & State

City & State

Kissimmee Florida
Zip 34746 Country USA

Kissimmee Florida
Zip 34746 Country USA

4. FEI Number 52-2032654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGRUDER, C M
220 R. MONUMENT AVE. STE C
WATERFRONT SQUARE
KISSIMMEE FL 34741

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BALLARD, CHRIS
STREET ADDRESS 231 RUBY AVE. STE D
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME Ballard Chris
STREET ADDRESS 3160 Vineland Rd #3
CITY-ST-ZIP Kissimmee Florida 34746 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRIS Ballard 3-5-00 407-390-1440

CR2E034 (9/99)