

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102181

1. Entity Name

HICKORY POINTE, INC.

Principal Place of Business

3200 SOUTH HIAWASSEE ROAD., STE 206
ORLANDO FL 32835

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802-4961

FILED

00 MAR 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

800 N. HIGHLAND AVE.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

City & State

ORLANDO, FL

City & State

Zip

Country

Zip

Country

Zip

Country

Zip

Country

4. FEI Number

59-3491332

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

300003204323--1

04/11/06 01148-006

***150.00 ***150.00

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 VP ☐ Delete
NAME TUTTLE, MILLS L
STREET ADDRESS 3200 SOUTH HIAWASSEE ROAD., STE 206
CITY-ST-ZIP ORLANDO FL 32835

TITLE VPAS ☐ Delete
NAME MCKINNEY, EUGENE J
STREET ADDRESS 3200 SOUTH HIAWASSEE ROAD., STE 206
CITY-ST-ZIP ORLANDO FL 32835

TITLE VPAT ☐ Delete
NAME LAWLER, THOMAS P
STREET ADDRESS 3200 SOUTH HIAWASSEE ROAD., STE 206
CITY-ST-ZIP ORLANDO FL 32835

TITLE VPT ☐ Delete
NAME WILLNER, DAVID M
STREET ADDRESS 3200 SOUTH HIAWASSEE ROAD., STE 206
CITY-ST-ZIP ORLANDO FL 32835

TITLE VPC ☐ Delete
NAME PEISNER, ERIC
STREET ADDRESS 3300 SOUTH HIAWASSEE ROAD., STE 107
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803

TITLE PT ☐ Change ☒ Addition
NAME KROPP, STEVEN G.
STREET ADDRESS 800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP ORLANDO, FL 32803

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
STEVEN G. KROPP, PRESIDENT

3-1-00

Date

407/297-1600

Daytime Phone #

CR2E034 (9/99)