

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102181

1. Entity Name
HICKORY POINTE, INC.



Principal Place of Business
800 N. HIGHLAND AVE., STE. 200
ORLANDO, FL 32803

Mailing Address
P.O. BOX 4961
ORLANDO, FL 32802-4961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME TUTTLE, MILLS L
STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200
CITY-STATE-ZIP ORLANDO, FL 32803

TITLE VPAS ☒ Delete
NAME MCKINNEY, EUGENE J
STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200
CITY-STATE-ZIP ORLANDO, FL 32803

TITLE VPAT ☐ Delete
NAME LAWLER, THOMAS P
STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200
CITY-STATE-ZIP ORLANDO, FL 32803

TITLE VPT ☐ Delete
NAME WILLNER, DAVID M
STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200
CITY-STATE-ZIP ORLANDO, FL 32803

TITLE VPC ☐ Delete
NAME PEISNER, ERIC
STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200
CITY-STATE-ZIP ORLANDO, FL 32803

TITLE P ☐ Delete
NAME KROPP, STEVEN G
STREET ADDRESS 800 N. HIGHLAND AVE., STE. 200
CITY-STATE-ZIP ORLANDO, FL 32803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **300018460103**
STREET ADDRESS **05/07/03--01089--001**
CITY-STATE-ZIP ****150.00**

TITLE VPS ☐ Change ☒ Addition
NAME **Carlton, Charles S.**
STREET ADDRESS **800 N. Highland Ave, Ste 200**
CITY-STATE-ZIP **Orlando, FL 32803**

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

TITLE VP ☒ Change ☐ Addition
NAME **Willner, David M**
STREET ADDRESS **800 N. Highland Ave, Ste. 200**
CITY-STATE-ZIP **Orlando, FL 32803**

TITLE VPT ☒ Change ☐ Addition
NAME **Peisner, Eric**
STREET ADDRESS **800 N. Highland Ave, Ste 200**
CITY-STATE-ZIP **Orlando, FL 32803**

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

12. 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 10 or Block 11 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

4-18-03

Date

407-297-1600

Daytime Phone #

CR2E034 (10/02)