

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103761

1. Entity Name

HTE-KB SYSTEMS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90092 050 \*\*\*150.00

Principal Place of Business

1000 BUSINESS CENTER DRIVE  
LAKE MARY FL 32746

Mailing Address

1000 BUSINESS CENTER DRIVE  
LAKE MARY FL 32746-5585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3481314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORNT0, L A JR  
149-F SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	HARWARD, DENNIS J	
STREET ADDRESS	1000 BUSINESS CENTER DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HARWARD, DENNIS J	
STREET ADDRESS	1000 BUSINESS CENTER DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	EVAS	<input type="checkbox"/> Delete
NAME	GORNT0, L A JR	
STREET ADDRESS	149-F SOUTH RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GORNT0, L A JR	
STREET ADDRESS	149-F SOUTH RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUGHRY, JOSEPH M., III	
STREET ADDRESS	3220 DAKMONT TERRACE	
CITY-ST-ZIP	LONGWOOD, FL. 32779	
TITLE	AS/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALOTICO, SUSAN D.	
STREET ADDRESS	1724 FORESTAINHEAD DR.	
CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE	V/S/AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/25/00

Date

407-304-3235

Daytime Phone #