

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103761

1. Entity Name
HTE-KB SYSTEMS, INC.



FILED

03 APR 24 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1000 BUSINESS CENTER DRIVE
LAKE MARY FL 32746

Mailing Address
1000 BUSINESS CENTER DRIVE
LAKE MARY FL 32746

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORNT0, L A JR
149 SOUTH RIDGEWOOD AVENUE
SUITE 550
DAYTONA BEACH FL 32114

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
City
Plantation FL Zip Code
33324

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 *Margaret E. Routzahn*

MARGARET E. ROUTZAHN

4/23/03

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

(NOTE: Registered Agent signature required for this form.)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LOUGHRY, JOSEPH M III
STREET ADDRESS 3220 OAKMONT TERRACE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE President ☒ Change ☐ Addition
NAME Joseph M. Loughry, III
STREET ADDRESS 1000 Business Center Drive
CITY-ST-ZIP Lake Mary, FL 32746

TITLE
NAME VTAS
STREET ADDRESS FALOTICO, SUSAN D
CITY-ST-ZIP 1724 FOUNTAINHEAD DR
LAKE MARY FL 32746 ☐ Delete

TITLE V. Pres., Treas. & Asst. Sec. ☒ Change ☐ Addition
NAME Susan D. Falotico
STREET ADDRESS 1000 Business Center Drive
CITY-ST-ZIP Lake Mary, FL 32746

TITLE VSAT ☒ Delete
NAME GORNT0, L A JR
STREET ADDRESS 149 S RIDGEWOOD AVENUE, SUITE 550
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE Secretary ☒ Change ☒ Addition
NAME Leslie S. Brush
STREET ADDRESS 1285 Drummers Lane
CITY-ST-ZIP Wayne, PA 19087

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Director ☐ Change ☒ Addition
NAME Michael K. Muratore
STREET ADDRESS 600 Laurel Oak Road
CITY-ST-ZIP Voorhees, NJ 08043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Director ☐ Change ☒ Addition
NAME Lawrence A. Gross
STREET ADDRESS 1285 Drummers Lane
CITY-ST-ZIP Wayne, PA 19087

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Director ☐ Change ☒ Addition
NAME Michael J. Ruane
STREET ADDRESS 1285 Drummers Lane
CITY-ST-ZIP Wayne, PA 19087

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: *Leslie S. Brush* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

610-341-8700
Daytime Phone #

CP2E034 (10/02)