

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90116 030 ***150.00

DOCUMENT # P97000107111

1. Entity Name
HFN OF NORTHWEST FLORIDA, INC.



Principal Place of Business
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

Mailing Address
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

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 **59-3508789**

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

BREWER, CHARLES
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

Name
G. Ronald Parker
Street Address (P.O. Box Number is Not Acceptable)
5020 Commerce Park Circle
Pensacola FL 32505

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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 **D** ☒ Delete
NAME **MURRAY, PATRICK**
STREET ADDRESS **5190 BAYOU BLVD. BLDG. 7**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **CEO** ☐ Change ☒ Addition
NAME **G. RONALD PARKER**
STREET ADDRESS **5020 Commerce Park Circle**
CITY-ST-ZIP **Pensacola FL 32505**

TITLE **D** ☒ Delete
NAME **THOMAS, TAN**
STREET ADDRESS **1717 NORTH 'E' ST., STE #231**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **CFO** ☐ Change ☒ Addition
NAME **DAVID DILLON**
STREET ADDRESS **FOSTER PLAZA 102**
CITY-ST-ZIP **680 Andersen DR Pittsburgh, PA 15220**

TITLE **D** ☒ Delete
NAME **HERRON, WARREN L M.D.**
STREET ADDRESS **1720 NORTH 'E' STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **D** ☒ Delete
NAME **ZIMMERN, WILLIAM A JR**
STREET ADDRESS **2896 GULF BREEZE PARKWAY**
CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE **D** ☒ Delete
NAME **BREWER, CHARLES**
STREET ADDRESS **5020 COMMERCE PARK CIR.**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☒ Delete
NAME **SHEARLOCK, KEITH**
STREET ADDRESS **1800 YATES AVE**
CITY-ST-ZIP **PENSACOLA FL 32501**

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

4/15/03

Date

Daytime Phone #

CR2E034 (10/02)