

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002697

1. Entity Name

HGL PROPERTIES G.P., INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90120 037 ***150.00

Principal Place of Business

Mailing Address

6602 EXECUTIVE PARK COURT NORTH
STE 207
JACKSONVILLE FL 32216

6602 EXECUTIVE PARK COURT NORTH
STE 207
JACKSONVILLE FL 32216-6068

2. Principal Place of Business

8120 NATIONS WAY

3. Mailing Address

8120 NATIONS WAY

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32256

Country

FLORIDA

Zip

32256

Country

FLORIDA

4. FEI Number

59-3494192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REINSCH, MARK A ESQ
200 W FORSYTH STREET
STE 1400
JACKSONVILLE FL 32202

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	D	<input type="checkbox"/> Delete
NAME	SMITH, JAMES P JR	
STREET ADDRESS	6602 EXECUTIVE PARK COURT N, STE 207	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, RUSSELL B JR	
STREET ADDRESS	111 RIVERSIDE AVE, STE 140	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, RUSSELL B III	
STREET ADDRESS	111 RIVERSIDE AVE, STE 140	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, WILLIAM R	
STREET ADDRESS	111 RIVERSIDE AVE, STE 140	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, WILLIAM W	
STREET ADDRESS	6602 EXECUTIVE PARK COURT N, STE 207	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8120 Nations Way, Ste #202	
CITY-ST-ZIP	Jacksonville, Florida 32256	
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		
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:

James P Smith Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00
Date

904-296-3444
Daytime Phone #

CE-15034 (9/98)