

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022137

DOCUMENT # P98000002697

1. Entity Name

HGL PROPERTIES G.P., INC.

FILED  
01 APR 19 158.75  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8120 NATIONS WAY  
STE 202  
JACKSONVILLE FL 32216

Mailing Address

8120 NATIONS WAY  
STE 202  
JACKSONVILLE FL 32216

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 59-3494192

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

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

Name Mark A. Reinsch

Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Blvd, ste 1818

City Jacksonville FL Zip Code 32207

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

Mark A. Reinsch

4/17/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JAMES P JR	
STREET ADDRESS	8120 NATIONS WAY STE 202	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400004134304--3	
STREET ADDRESS	-05/03/01--01115--005	
CITY-ST-ZIP	****606.25 ****158.75	
TITLE	1400 W. Forsyth Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 1600	
STREET ADDRESS	Jacksonville, Fl 32202	
CITY-ST-ZIP		
TITLE	1400 W. Forsyth Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 1400	
STREET ADDRESS	Jacksonville, Fl 32202	
CITY-ST-ZIP		
TITLE	1400 W. Forsyth Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacksonville, Fl 32202	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	8120 Nations Way STE 202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacksonville, Fl 32216	
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

William W. Stout, VP

DATE

4/17/01 (904) 296-3444

Daytime Phone #

CR2E034 (10/00)