

2002 UNIFORM BUSINESS REPORT (UBR)

0036224 AV

DOCUMENT # P98000002697

1. Entity Name
HGL PROPERTIES G.P., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB -4 PM 3:43

Principal Place of Business
8120 NATIONS WAY
STE 202
JACKSONVILLE FL 32216

Mailing Address
8120 NATIONS WAY
STE 202
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|----------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3494192 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| REINSCH, MARK A ESQ 1301 RIVERPLACE BLVD., STE 1818 JACKSONVILLE FL 32207 | | | | 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, JAMES P JR | | | NAME | | | |
| STREET ADDRESS | 8120 NATIONS WAY STE 202 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NEWTON, RUSSELL B JR | | | NAME | | | |
| STREET ADDRESS | 1400 W. FORSYTH STREET., STE 1600 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NEWTON, RUSSELL B III | | | NAME | | | |
| STREET ADDRESS | 1400 W. FORSYTH STREET., STE 1600 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MANN, WILLIAM R | | | NAME | | | |
| STREET ADDRESS | 1400 W. FORSYTH STREET., STE 1600 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STOUT, WILLIAM W | | | NAME | | | |
| STREET ADDRESS | 8120 NATIONS WAY., STE 202 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: WILLIAM W STOUT 1/30/02 904-296-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)