

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90145 014 \*\*\*150.00

0039025 AV

**DOCUMENT # P98000002697**

1. Entity Name

HGL PROPERTIES G.P., INC.



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

☐ CHECK HERE IF MAKING CHANGES



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)

2700 Lake Shore Blvd.

City

Jacksonville

FL

Zip Code

32210

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME D  
STREET ADDRESS SMITH, JAMES P JR  
CITY-ST-ZIP 8120 NATIONS WAY STE 202 -  
JACKSONVILLE FL 32216

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NEWTON, RUSSELL B JR  
CITY-ST-ZIP 1400 W. FORSYTH STREET., STE 1600  
JACKSONVILLE FL 32202

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NEWTON, RUSSELL B III  
CITY-ST-ZIP 1400 W. FORSYTH STREET., STE 1600  
JACKSONVILLE FL 32202

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MANN, WILLIAM R  
CITY-ST-ZIP 1400 W. FORSYTH STREET., STE 1600  
JACKSONVILLE FL 32202

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STOUT, WILLIAM W  
CITY-ST-ZIP 8120 NATIONS WAY., STE 202  
JACKSONVILLE FL 32216

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X** **SIGNATURE REQUIRED** William W. Stout, VP 4/22/03 (904)296-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment



90134835

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 2, 2003

HGL PROPERTIES G.P., INC.  
8120 NATIONS WAY  
STE 202  
JACKSONVILLE, FL 32216

SUBJECT: HGL PROPERTIES G.P., INC.  
Ref. Number: P98000002697

We have received your document for HGL PROPERTIES G.P., INC. and check(s) totaling \$1115.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

Please submit separate check for each document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams  
Document Specialist

Letter Number: 203A00027031