

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011633

1. Entity Name

HFB PROPERTIES, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90871 035 \*\*\*150.00

Principal Place of Business

Mailing Address

112 EAST ANNIE STREET  
ORLANDO FL 32806

112 EAST ANNIE STREET  
ORLANDO FL 32806-1206

2. Principal Place of Business

605 E. ROBINSON ST.

3. Mailing Address

605 E. ROBINSON ST.

Suite, Apt. #, etc.

SUITE 420

Suite, Apt. #, etc.

SUITE 420

City & State

Orlando FL.

City & State

Orlando FL.

Zip

32801

Country

Change

Zip

32801

Country

Change



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3491510

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

HANKINS, THOMAS E  
112 EAST ANNIE STREET  
ORLANDO FL 32806

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HANKINS, THOMAS E  
CITY-ST-ZIP 3679 WINDING LAKE CIRCLE  
ORLANDO FL 32835

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FREDERICK, CHARLES R  
CITY-ST-ZIP 205 LAKE COPELAND DRIVE  
ORLANDO FL 32806

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BROCK, M.W. JEFFREY  
CITY-ST-ZIP 3234 WALD ROAD  
ORLANDO FL 32806

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 changing the information in attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00

Date

(407) 843-7070 x12

Daytime Phone #

CR2E034 (9/99)