

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011645

1. Entity Name

HFB PROPERTIES - WATER'S EDGE PLAZA, INC.

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

05-17-2000 90871 036 ***150.00

Principal Place of Business

Mailing Address

112 EAST ANNIE STREET
ORLANDO FL 32806

112 EAST ANNIE STREET
ORLANDO FL 32806-1206



DO NOT WRITE IN THIS SPACE

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.

4. FEI Number 59-3496807

Applied For

Not Applicable

Zip

Country

32801

ORANGE

Zip

Country

32801

ORANGE

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	D	<input type="checkbox"/> Delete
NAME	HANKINS, THOMAS E	
STREET ADDRESS	3679 WINDING LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREDERICK, CHARLES R	
STREET ADDRESS	205 LAKE COPELAND DRIVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, M.W. JEFFREY	
STREET ADDRESS	3234 WALD ROAD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

5/18/00 (402) 843-7070 x12
Date Daytime Phone #

CR2E034 (9/99)