

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011645

1. Entity Name

HFB PROPERTIES - WATER'S EDGE PLAZA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90084 049 ***150.00

Principal Place of Business

605 E ROBINSON ST
STE 420
ORLANDO FL 32801

Mailing Address

605 E ROBINSON ST
STE 420
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FLE Number **59-3496807**

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANKINS, THOMAS E
112 EAST ANNIE STREET
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-registering)

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 \$350.00
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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas E. Hankins **Thomas E. Hankins** 4/13/01 407-843-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # x12

CR2E034 (10/00)