## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State P98000027971 DOCUMENT # 1. Entity Name 05-06-2002 90052 001 \*\*\*150.00 HRCF, INC. Mailing Address Principal Place of Business 15201 ROOSEVELT BLVD., STE. 112 15201 ROOSEVELT BLVD., STE. 112 CLEARWATER FL 33760 CLEARWATER FL 33760 3. Mailing Address 2. Principal Place of Business ROOSEVELT BLUD ISSOO ROOSEVELT BLVD 15500 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 303 SUITE 303 Applied For City & State 4. FEI Number City & State 59-3501994 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_\_\_\_ Street Address (P.O. Box Number is Not Acceptable) 15500 RooseVE可 像レルカ HAYDON, ROGERS K JR. 15201 ROOSEVELT BLVD., STE. 112 CI FARWATER FL 33760 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) TITLE ☐ Delete TITLE NAME NAME RUBIN, LESLIE A 15500 RODSEVELT BLUD SUITE 303 STREET ADDRESS STREET ADDRESS 15201 ROOSEVELT BLVD., STE. 112 CITY-ST-ZIP **CLEARWATER FL 33760** CITY-ST-ZIP ☐ Addition XI Change TITLE ☐ Delete TITLE NAME HAYDON, ROGERS K JR. NAME 15500 ROOSEVELT BLUD STREET ADDRESS 15201 ROOSEVELT BLVD., STE. 112 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CLEARWATER FL 33760 Change Addition TITLE □ Delete TITLE NAME NAME. CUTLER-MELVIN S == - - --STREET ADDRESS STREET ADDRESS 35388 US HWY 19 NORTH CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ) Change ☐ Addition TITLE ☐ Delete NAME FERRELL, RICHARD C 123 SOUTH CLYDE AVENUE STREET ADDRESS STREET ADDRESS 3379 W. VINE ST., STE. 309 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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:

CITY-ST-ZIP

FILED