

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067141

1. Entity Name

HTC INVESTMENTS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90057 005 ***150.00

Principal Place of Business

4641 RYALS ROAD
ZEPHYRHILLS FL 33541

Mailing Address

4641 RYALS ROAD
ZEPHYRHILLS FL 33541-8915

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

59-3526834

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

HORN, JOYCE M
4641 RYALS ROAD
ZEPHYRHILLS FL 33541

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	HORN, FREDDIE D	
STREET ADDRESS	4641 RYALS ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, DAN	
STREET ADDRESS	7840 POND'S EDGE LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TIMMONS, EDWARD R	
STREET ADDRESS	36550 EILAND BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, NANCY D	
STREET ADDRESS	7840 POND'S EDGE LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HORN, JOYCE M	
STREET ADDRESS	4641 RYALS ROAD	
CITY-ST-ZIP	ZEPHYRHILLS 33 541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

3/2/00