

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072141

1. Entity Name

HTE-VANGUARD SYSTEMS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90092 047 ***150.00

Principal Place of Business
1000 BUSINESS CENTER DRIVE
LAKE MARY FL 32746

Mailing Address
1000 BUSINESS CENTER DRIVE
LAKE MARY FL 32746-5585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3532983**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GORNT0, L A ESQ.
149-F S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

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 **PSTD** ☒ Delete
NAME **HARWARD, DENNIS J**
STREET ADDRESS **1000 BUSINESS CENTER DRIVE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **P** ☐ Change ☒ Addition
NAME **LOUGHRY, JOSEPH M, III**
STREET ADDRESS **3220 OAKMONT TERRACE**
CITY-ST-ZIP **LONGWOOD, FL. 32779**

TITLE **EVAS** ☐ Delete
NAME **GORNT0, L A JR.**
STREET ADDRESS **149-F S. RIDGEWOOD AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **V/S/AT/D** ☒ Change ☐ Addition
NAME **149-F SOUTH RIDGEWOOD AVE**
STREET ADDRESS **149-F SOUTH RIDGEWOOD AVE**
CITY-ST-ZIP **149-F SOUTH RIDGEWOOD AVE**

TITLE **AT** ☒ Delete
NAME **GORNT0, L A JR.**
STREET ADDRESS **149-F S. RIDGEWOOD AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **V** ☐ Change ☒ Addition
NAME **SANTOS, GILBERT O.**
STREET ADDRESS **1411 W. READING WAY**
CITY-ST-ZIP **WEETER PARK, FL. 32789**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE **AS/T** ☐ Change ☐ Addition
NAME **FALOTICO, SUSAN D.**
STREET ADDRESS **1724 FOUNTAINHEAD DR.**
CITY-ST-ZIP **LAKE MARY, FL. 32746**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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

Joseph M. Loughry III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH M. LOUGHRY III

4/25/00
Date

407-304-3235
Daytime Phone #