

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

0037478 AV

DOCUMENT # P98000088584

1. Entity Name
HCCI, INC.

09-05-2001 90001 021 ***550.00

Principal Place of Business
C/O LEWIS B. FREEMAN, ESQ.
3250 MARY STREET #100
COCONUT GROVE FL 33133

Mailing Address
C/O LEWIS B. FREEMAN, ESQ.
3250 MARY STREET #100
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2601 S. Bayshore Drive
 Suite, Apt. #, etc.
19th Floor

3. Mailing Address

2601 S. Bayshore Drive
 Suite, Apt. #, etc.
19th Floor

City & State

City & State

4. FEI Number

65-0878345

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

DOOLEY, MARIE E
3181 KANTER LANE
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☒ Delete
 NAME **DOOLEY, MARIE E**
 STREET ADDRESS **3250 MARY STREET #100**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **DIR** ☐ Delete
 NAME **DOOLEY ROBERT F.**
 STREET ADDRESS **3250 MARY ST #100**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **3181 Kanter Lane**
 CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3181 KANTER LANE**
 CITY-ST-ZIP **KISSIMMEE FLA 34746**

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 July 2001
MARIE E DOOLEY
 Date **407 943 7517**
 Daytime Phone #

CR2E034 (5/01)