

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90007 031 \*\*\*150.00

**DOCUMENT # P98000095870**



1. Entity Name  
**H.F.S. ORLANDO, INC.**

Principal Place of Business

Mailing Address

~~4424 SEABOARD~~  
~~ORLANDO FL 32809~~

~~418 S MILITARY TRAIL~~  
~~DEERFIELD BEACH FL 33442-3000~~

2. Principal Place of Business

3. Mailing Address

**2698 Dardanelle Drive** **500 Fairway Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite A**

**# 204**

City & State

City & State

**Orlando FL**

**Deerfield Beach FL**

Zip

Country

Zip

Country

**32808**

**U.S.A.**

**33441**

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0874847**

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

**CHAMBERLAND, MARC J**  
~~**418 S MILITARY TRAIL**~~  
~~**DEERFIELD BEACH FL 33442**~~

Name **MARC J. CHAMBERLAND, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **550 FAIRWAY DRIVE #103A**  
 City **Deerfield Beach FL** Zip Code **33441**

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 **MARC CHAMBERLAND; President; 9/7/00**  
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	PS	<input type="checkbox"/> Delete
NAME	CHAMBERLAND, MARC J	
STREET ADDRESS	418 S MILITARY TR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERRVE, KENNETH	
STREET ADDRESS	8474 S PINNACLE CROSS DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAZZA, FRANK	
STREET ADDRESS	8474 S PINNACLE CROSS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BARRETT, JAMES</del>	
STREET ADDRESS	<del>8474 S PINNACLE CROSS DR</del>	
CITY-ST-ZIP	<del>ORLANDO FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC J. CHAMBERLAND	
STREET ADDRESS	550 FAIRWAY DRIVE #103A	
CITY-ST-ZIP	Deerfield Beach FL 33441	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Herrve	
STREET ADDRESS	500 Fairway Drive #103A	
CITY-ST-ZIP	Deerfield Beach FL 33441	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK MAZZA	
STREET ADDRESS	2698 Dardanelle Drive Suite A	
CITY-ST-ZIP	Orlando FL 32808	
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		
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)(f), 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 **MARC CHAMBERLAND** **(954) 5961930**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date **9/7/00** Daytime Phone #

CR2E034 (9/99)

Attachment  
# 0980000968 TD  
A0077720

**MARC J. CHAMBERLAND, P.A.**

550 Fairway Drive Suite 103A Deerfield Beach Florida 33441  
(954) 596-1930/(954) 596-2877 Fax/E-Mail: chamberland@bellsouth.net

---

September 7, 2000

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee Florida 32399  
(904) 488-9000

Re: Uniform Business Report Filings.

Dear Sir/Madam:

This letter respectfully requests a waiver of the additional filing fee due for the following corporations:

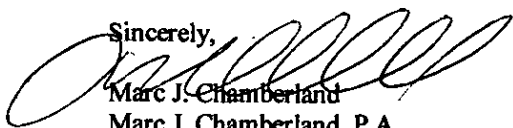
1. H.F.S. Fort Myers, Inc. (form sent to prior address and not forwarded in due course prior to May 1, 2000).
2. H.F.S. Tampa, Inc. (form sent to prior address and not forwarded in due course prior to May 1, 2000).
3. H.F.S. Orlando, Inc. (form sent to prior address and not forwarded in due course prior to May 1, 2000).
4. H.F.S. Jacksonville, Inc. (form 1<sup>st</sup> or 2<sup>nd</sup> notice not received at all by this office). Please find attached copy for filing.
5. H.F.S. Virginia, Inc. (form sent to prior address and not forwarded in due course Prior to May 1, 2000).

In each of the above instances, the non-receipt of the Uniform Business Report was due to a corporate office move and non-forwarding of important mail by our predecessors in interest. I assure you this is a one-time only request as this office and/or the undersigned has never, prior to this date, filed an Annual Report in an untimely manner. (i.e. we received the form for C4 Capital Corp. and filed same on a timely basis). This was a one-time corporate office move and our location will remain the same for the next 5-10 years, therefore I assure you that this problem/oversight will not be repeated.

I would greatly appreciate your one-time consideration in this matter in granting a waiver of the additional filing fees.

If you have any questions, please feel free to contact me at (954) 596-1930.

Sincerely,



Marc J. Chamberland  
Marc J. Chamberland, P.A.  
FL Bar#0764574