

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 08:00 AM

Secretary of State

DOCUMENT # P99000004530

1. Entity Name  
HIBISCUS PARTNERS, INC.

Principal Place of Business  
9816 SO. MILITARY TRAIL  
SUITE C5  
BOYNTON BEACH FL 33436

Mailing Address  
9816 SO. MILITARY TRAIL  
SUITE C5  
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address  
1665 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 600

City & State

City & State  
WEST PALM BEACH FL

Zip Country

Zip Country  
33401

4. FEI Number  
65-0887790

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPENCER MARC I  
1655 PALM BEACH LAKES BLVD.  
SUITE 600  
WEST PALM BEACH FL 33401 US

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)

04/24/2000

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
VPSD  
WILMERING KENT  
9816 S MILITARY TRAIL, SUITE C5  
BOYNTON BEACH FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
PTD  
HOECKER JOHN J  
9816 S MILITARY TRAIL, SUITE C5  
BOYNTON BEACH FL 33436

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: JOHN J. HOECKER

04/24/2000