

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90115 021 ***150.00

DOCUMENT # P99000004530

1. Entity Name

HIBISCUS PARTNERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4400 PGA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 900

City & State

City & State
Palm Beach Gardens, FL

4. FEI Number

65-0887790

Applied For
Not Applicable

Zip

Country

Zip

33410

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Richard G. Cherry

Street Address (P.O. Box Number is Not Acceptable)

4400 PGA Blvd., Suite 900

City

Palm Beach Gardens

FL

Zip Code

33410

**DO NOT WRITE
IN THIS SPACE**

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

Richard G. Cherry

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PTD N. Kent Wilmering c/o 4400 PGA Blvd., Suite 900 Palm Beach Gardens, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD John J. Hoecker, c/o 4400 PGA Blvd., Suite 900 Palm Beach Gardens, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

N. Kent Wilmering

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Kent Wilmering, President

4/12/02

DATE

561 471 7767

Daytime Phone #

CR2E034B (12/01)