

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020922

1. Entity Name

H4 INVESTMENTS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90056 020 ***150.00

Principal Place of Business

200 NORTH THORNTON AVENUE
ORLANDO FL 32801

Mailing Address

200 NORTH THORNTON AVENUE
ORLANDO FL 32801-2164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3562190

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

SMITH, RANDALL C
200 NORTH THORNTON AVENUE
ORLANDO FL 32801

Name

DON BROWN, ESQ.

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

200 NORTH THORNTON AVE

City

ORLANDO

FL

Zip Code

32801

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

Don L. Brown, Esq.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-00

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
NAME KUEHN, MARJORIE G ☒ Delete
STREET ADDRESS 200 NORTH THORNTON AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE S
NAME Nancy Voegtlin ☐ Change ☒ Addition
STREET ADDRESS 401 E. Semoran Blvd.
CITY-ST-ZIP Casselberry, FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JAMES VEIGLE ☐ Change ☒ Addition
STREET ADDRESS 401 E. Semoran Blvd.
CITY-ST-ZIP Casselberry, FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Nancy Voegtlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

407-260-7003

Daytime Phone #

CR2E034 (9/99)