

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038064

1. Entity Name  
HST VENTURES, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91323 038 \*\*\*150.00

Principal Place of Business Mailing Address  
~~601 RIVERSIDE AVE. BUILDING II, #650~~ ~~601 RIVERSIDE AVE. BUILDING II, #650~~  
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204

2. Principal Place of Business 3. Mailing Address  
729 POST STREET 729 POST STREET  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3573215 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 HUTCHINS, RAYMOND L  
~~601 RIVERSIDE AVE. BUILDING II, #650~~  
JACKSONVILLE FL 32204  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
729 POST STREET  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINS, RAMOND L		NAME		
STREET ADDRESS	<del>601 RIVERSIDE AVE. BUILDING II, #650</del>		STREET ADDRESS	729 POST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, R LAMAR JR		NAME		
STREET ADDRESS	<del>601 RIVERSIDE AVE. BUILDING II, #650</del>		STREET ADDRESS	729 POST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, JOHN T		NAME		
STREET ADDRESS	<del>601 RIVERSIDE AVE. BUILDING II, #650</del>		STREET ADDRESS	729 POST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 04-30-01 904-358-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)