

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-14-2000 90077 017 \*\*\*150.00

A0029234



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000063901**

1. Entity Name

**HIAWASSEE PLACE, INC.**

Principal Place of Business

Mailing Address

201 E. PINE ST., STE. 1200  
 ORLANDO FL 32801

201 E. PINE ST., STE. 1200  
 ORLANDO FL 32801-2725

2. Principal Place of Business

**7575 Dr. Phillips Blvd. #330**

3. Mailing Address

**7575 Dr. Phillips Blvd.**

Suite, Apt. #, etc.

**#330**

Suite, Apt. #, etc.

**#330**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number

**59-3588743**

Applied For

Not Applicable

Zip

**32819**

Country

**USA**

Zip

**32819**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FINCH, PHILLIP R**  
**201 E. PINE ST., STE. 1200**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Marc Skorman**  
 Street Address (P.O. Box Number is Not Acceptable) **7575 Dr. Phillips Blvd. #330**  
 City **Orlando** FL Zip Code **32819**

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]* **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**3/10/00**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FINCH, PHILLIP R</b>	
STREET ADDRESS	<b>201 E. PINE ST., STE. 1200</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Marc Skorman</b>	
STREET ADDRESS	<b>9720 Lake Isleworth Ct.</b>	
CITY-ST-ZIP	<b>Windermere, FL 34786</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kevin Skorman</b>	
STREET ADDRESS	<b>9720 Lake Isleworth Ct.</b>	
CITY-ST-ZIP	<b>Windermere, FL 34786</b>	
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		
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)(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]* **PRESIDENT**  
**MARC SKORMAN PRESIDENT**

**3/10/00**

DATE

**407 351-8899**

Daytime Phone #

CR2E034 (9/99)