

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90656 036 \*\*\*150.00

0105628 AV

**DOCUMENT # P99000063901**

1. Entity Name

**HIAWASSEE PLACE, INC.**

Principal Place of Business

7575 DR PHILLIPS BLVD  
 #330  
 ORLANDO FL 32819  
 US

Mailing Address

7575 DR PHILLIPS BLVD  
 #330  
 ORLANDO FL 32819  
 US

2. Principal Place of Business

**2813 S. HIAWASSEE RD.**

Suite, Apt. #, etc.

**SUITE 101**

City & State

**ORLANDO FLORIDA**

Zip

**32835**

Country

**USA**

3. Mailing Address

**2813 S. HIAWASSEE RD**

Suite, Apt. #, etc.

**SUITE 101**

City & State

**ORLANDO FLORIDA**

Zip

**32835**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3588743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SKORMAN, MARC**  
 7575 DR PHILLIPS BLVD  
 #330  
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

**2813 S. HIAWASSEE RD SUITE 101**

City

**ORLANDO**

FL

Zip Code

**32835**

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

*Marc Skorman*, **PRESIDENT MARC SKORMAN, PRESIDENT 3/5/02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **P** ☐ Delete  
 NAME **SKORMAN, MARC**  
 STREET ADDRESS **9720 LAKE ISLEWORTH CT**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **V** ☐ Delete  
 NAME **SKORMAN, KEVIN**  
 STREET ADDRESS **9720 LAKE ISLEWORTH CT**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Marc Skorman*, **PRESIDENT**  
 MARC SKORMAN, PRESIDENT

**3/5/02**

**407-253-2001**

Date

Daytime Phone #

CR2E034 (9/01)