

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19552

1. Entity Name

HBL PROPERTIES, INC.

Principal Place of Business

BOX 607  
WINTER PARK FL 32790

Mailing Address

BOX 607  
WINTER PARK FL 32790

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 59-3045145

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

STRONG, HOPE, III  
200 WELBOURNE AVE.  
SUITE 4  
WINTER PARK FL 32789

Name

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

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

Signature, typed 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, 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 VP ☐ Delete  
NAME STRONG, MARGARET C  
STREET ADDRESS 916 PALMER AVE.  
CITY-ST-ZIP WINTER PARK FL

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

TITLE DS ☐ Delete  
NAME STRONG, DOROTHY JUNE  
STREET ADDRESS 709 OCEAN SHORE BLVD.  
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE DP ☐ Delete  
NAME STRONG, W. LEE  
STREET ADDRESS 803 JOHN ANDERSON DRIVE  
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE VP ☐ Delete  
NAME STRONG, DAVID C  
STREET ADDRESS 300 VIRGINIA DR  
CITY-ST-ZIP WINTER PARK FL

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

TITLE VP ☐ Delete  
NAME STRONG, HOPE III  
STREET ADDRESS 155 STOVIN AVE  
CITY-ST-ZIP WINTER PARK FL

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

TITLE VP ☐ Delete  
NAME STRONG, WILEE JR  
STREET ADDRESS 803 JOHN ANDERSON DR  
CITY-ST-ZIP ORMOND BCH FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90062 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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