

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

0059262

**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3045145</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>STRONG, HOPE, III</b> <b>200 WELBOURNE AVE.</b> <b>SUITE 4</b> <b>WINTER PARK FL 32789</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, MARGARET C			NAME			
STREET ADDRESS	916 PALMER AVE.			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, DOROTHY JUNE.			NAME			
STREET ADDRESS	709 OCEAN SHORE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, W. LEE			NAME			
STREET ADDRESS	803 JOHN ANDERSON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, DAVID C			NAME			
STREET ADDRESS	300 VIRGINIA DR			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, HOPE III			NAME			
STREET ADDRESS	155 STOVIN AVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, WILEE JR			NAME			
STREET ADDRESS	803 JOHN ANDERSON DR			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BCH FL			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: W. Lee Strong **W. LEE STRONG** 8 JAN 2001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)