

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76209

1. Entity Name  
HMS SEMINOLE, INC.

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90081 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1707B BELLEAIR FOREST DR  
CLEARWATER FL 33756  
US

Mailing Address  
PO BOX 505  
INDIAN ROCKS BCH FL 33785  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3080230

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

7. Name and Address of New Registered Agent

WISE, HAL J.  
1707B BELLEAIR FOREST DR  
CLEARWATER FL 33756

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 P  
NAME WISE, HAL J.  
STREET ADDRESS 1707B BELLEAIR FOREST DR  
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

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

TITLE VP  
NAME WISE, MICHAEL M.  
STREET ADDRESS 3630 EASTBAY DR, #212  
CITY-ST-ZIP LARGO FL 33771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS P.O. Box 1682  
CITY-ST-ZIP LARGO, FL 33770 ☒ Change ☐ Addition

TITLE ST  
NAME WISE, STEVEN C.  
STREET ADDRESS P.O. BOX 505  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*HAL J. WISE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PRESIDENT

4-23-2001 727 584 8804

Date

Daytime Phone #

CR2E034 (10/00)