

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89058

1. Entity Name

HAMPTON ROAD INVESTMENT CO., INC.

**FILED**  
Feb 20, 2000 8:00 am  
Secretary of State

02-20-2000 90048 007 \*\*\*150.00

Principal Place of Business

Mailing Address

~~12011 ORANGE GROVE DRIVE~~  
~~TAMPA FL 33610~~

12011 ORANGE GROVE DRIVE  
TAMPA FL 33610

2. Principal Place of Business

3621 BERGER RD

3. Mailing Address

3621 BERGER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

59-2381392

Applied For

Not Applicable

Zip

33549

Country

HILLSBOROUGH

Zip

33549

Country

HILLSBOROUGH

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

FLEMINGS, RICHARD D

~~12011 ORANGE GROVE DRIVE~~

~~TAMPA FL 33610~~

Name

RICHARD D. FLEMINGS

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

3621 BERGER RD

City

LUTZ

FL

Zip Code

33549

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

*Richard D. Flemings*

02-14-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	FLEMINGS, RICHARD D	
STREET ADDRESS	<del>12011 ORANGE GROVE DRIVE</del>	
CITY-ST-ZIP	<del>TAMPA FL</del>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLEMINGS, JEFFREY H.	
STREET ADDRESS	150 APPLETON STE., #4B	
CITY-ST-ZIP	BOSTON MA 02116-6046	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3621 BERGER ROAD	
CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AF LUSH, MELISSA FLEMINGS	
STREET ADDRESS	4 LAFAYETTE COURT	
CITY-ST-ZIP	GREENWICH, CT. 06830	
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:

*Richard D. Flemings*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD  
FLEMINGS

Date

02-14-00

Daytime Phone #

CR2E034 (9/99)