

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90135 003 ****61.25

DOCUMENT # N95000005097

1. Entity Name
H4 ASSOCIATION, INC.

| | |
|--|---|
| Principal Place of Business 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801 | Mailing Address 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801-3452 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3347833 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| SMITH, W K 255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATCHELOR, DICK | NAME | |
| STREET ADDRESS | 201 SO. ORANGE AVENUE STE 1017 | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32801 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATES, DUDLEY | NAME | |
| STREET ADDRESS | 225 NEWBURYPORT AVE. | STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEDINGFIELD, JEFF | NAME | |
| STREET ADDRESS | 5401 WEST OAK RIDGE ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32819 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACK, MICHAEL D | NAME | |
| STREET ADDRESS | 6200 INTERNATIONAL DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32819-8239 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BREAUX, ROBERT | NAME | |
| STREET ADDRESS | 1776 INDEPENDENCE LANE | STREET ADDRESS | |
| CITY-ST-ZIP | MATLAND FL | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, W. KELLY | NAME | |
| STREET ADDRESS | 255 S. ORANGE AVENUE, SUITE 800 | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32801 | CITY-ST-ZIP | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Kelly Smith, Secretary Date: 2/7/00 Daytime Phone #: 407/843-7300

CR2E037 (9/99)