

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90119 046 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3347833**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED** Kelly Smith, Secretary 1/6/03 (407) 843-7300

CR2E037 (10/02)