

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90092 048 ***150.00

DOCUMENT # P99000011596

1. Entity Name

HTE-PHOENIX SYSTEMS, INC.

Principal Place of Business

Mailing Address

**1000 BUSINESS CENTER DRIVE
 LAKE MARY FL 32746**

**1000 BUSINESS CENTER DRIVE
 LAKE MARY FL 32746-5585**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1287693

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORNTO, L.A. JR.,ESQ
 149-F S. RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32114**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARWARD, DENNIS J	NAME	LOUGHRY, JOSEPH M., III
STREET ADDRESS	1000 BUSINESS CENTER DRIVE	STREET ADDRESS	3220 PARKMONT TERRACE
CITY-ST-ZIP	LAKE MARY FL 32746	CITY-ST-ZIP	LONGWOOD, FL. 32779
TITLE	VST <input type="checkbox"/> Delete	TITLE	V/S/RT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORNTO, L.A. JR	NAME	
STREET ADDRESS	149-F S. RIDGEWOOD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SANTOS, GILBERT D.
STREET ADDRESS		STREET ADDRESS	141 W. READING WAY
CITY-ST-ZIP		CITY-ST-ZIP	WENTER PARK, FL. 32789
TITLE	<input type="checkbox"/> Delete	TITLE	AS/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	FALOTICO, SUSAN D.
STREET ADDRESS		STREET ADDRESS	1724 FOUNTAINHEAD DR.
CITY-ST-ZIP		CITY-ST-ZIP	LAKE MARY, FL. 32746
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

JOSEPH M. LOUGHRY, III

4/25/00

Date

407-304-3235

Daytime Phone #

CR2E034 19/99