

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90034 022 ****61.25

DOCUMENT # 701492

1. Entity Name

LAKE-POLK HUNT CLUB, INC.

Principal Place of Business

**904 MARION CIRCLE
FORT MEADE FL 33841
US**

Mailing Address

**904 MARION CIRCLE
FORT MEADE FL 33841
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3213878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**G.T. HANCOCK
904 MARION CIRCLE
FT MEADE FL 33841**

7. Name and Address of New Registered Agent

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

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

TITLE **PD** ☐ Delete
NAME **DURANT, FRANK H.**
STREET ADDRESS **104 FOXWOOD RUN**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **VPD** ☐ Delete
NAME **HOLLEY, R.T.**
STREET ADDRESS **RT. 4, BOX 36-A, MT PRGGAH RD.**
CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **STD** ☐ Delete
NAME **HANCOCK, G.T.**
STREET ADDRESS **904 MARION CIRCLE**
CITY-ST-ZIP **FT. MEADE FL 33841**

TITLE **ASTD** ☐ Delete
NAME **ADLER, CHARLES C JR**
STREET ADDRESS **664 A WEST**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE **D** ☐ Delete
NAME **CASON, R.G.**
STREET ADDRESS **910 MARION CIRCLE**
CITY-ST-ZIP **FT MEADE, FL 00000 33841**

TITLE **P** ☐ Delete
NAME **NEWSOM, KENNETH L**
STREET ADDRESS **908 MARION CIRCLE**
CITY-ST-ZIP **FORT MEADE FL 33841**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED GRADY T. HANCOCK 11-2002 863-610-4728

CR2E037 (9/01)