

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91613 015 ***150.00

DOCUMENT # 312357

1. Entity Name
W.L. HUNTER INSURANCE AGENCY, INC.

Principal Place of Business

**525 BAYA AVE
 LAKE CITY FL 32055**

Mailing Address

**525 BAYA AVE
 LAKE CITY FL 32055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1164830

Applied For

Not Applicable

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

**HUNTER, W L
 525 E. BAYA AVENUE
 LAKE CITY FL 32055**

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, 2002 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 ☐ Delete
PD
 NAME **HUNTER, W L**
 STREET ADDRESS **525 E. BAYA AVENUE**
 CITY-ST-ZIP **LAKE CITY FL**

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

TITLE ☐ Delete
STD
 NAME **HUNTER, FAYE**
 STREET ADDRESS **FOREST ROAD 241 C**
 CITY-ST-ZIP **LAKE CITY FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

W. L. Hunter
W. L. HUNTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-6-02 386.752-6990

CR2E034 (9/01)

attachment

#312357

435436

W. L. HUNTER INSURANCE AGENCY, INC.

525 East Baya Avenue

Lake City, Fl 32055

DOCUMENT # 312357

May 6, 2002

Florida Department of State

Division of Corporations

P. O. Box 6327

Tallahassee, Fl 32314

TO WHOM IT MAY CONCERN:

On may 6, 2002, I talked to Esther in your office and explained to her that we just found these forms in the bookkeeping office.

The Bookkeeper has been in and out because she has been diagnosed with Multiple Sclerosis, causing her trouble with her vision.

Esther said to do the forms now and pay the \$150.00 and you would make the decision on the penalty.

Please advise.

Sincerely,

Jan Clark

Jan Clark