

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 312357

FILED  
Feb 17, 2003  
Secretary of State

**Entity Name:** W.L. HUNTER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

525 BAYA AVE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

365 S.E. BAYA DRIVE  
LAKE CITY, FL 32025

**Current Mailing Address:**

525 BAYA AVE  
LAKE CITY, FL 32055

**New Mailing Address:**

365 S.E. BAYA DRIVE  
LAKE CITY, FL 32025

**FEI Number:** 59-1164830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HUNTER,W L  
365 S.E. BAYA DRIVE  
LAKE CITY, FL 32025

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:

02/17/2003

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUNTER,W L,  
Address: 525 E. BAYA AVENUE  
City-St-Zip: LAKE CITY, FL

Title: STD ( ) Delete  
Name: HUNTER,FAYE,  
Address: FOREST ROAD 241 C  
City-St-Zip: LAKE CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HUNTER,W L,  
Address: 365 S.E. BAYA DRIVE  
City-St-Zip: LAKE CITY, FL 32025 US

Title: STD (X) Change ( ) Addition  
Name: HUNTER,FAYE,  
Address: FOREST ROAD 241 C  
City-St-Zip: LAKE CITY, FL 32055 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WL HUNTER

PD

02/17/2003

Electronic Signature of Signing Officer or Director

Date