

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416680

1. Entity Name

HAMMOCK DUNES REAL ESTATE COMPANY

Principal Place of Business

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32151

Mailing Address

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32137-4716

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

13-2809532

Applied For

Not Applicable.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Terry G. Pendleton

Street Address (P.O. Box Number is Not Acceptable)

2 Camino del Mar

Palm Coast

City

FL

Zip Code

32137

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HILLERY, KATHRYN	
STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, JAMES E	
STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GARD, VICTORIA P	
STREET ADDRESS	1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CALLEA, CHARLES J	
STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CUFF, ROBERT F	
STREET ADDRESS	1 CORPORATE DR.	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry G. Pendleton	
STREET ADDRESS	2 Camino del Mar	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	Vice President/Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sterling D. Colee	
STREET ADDRESS	2 Camino del Mar	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Downes	
STREET ADDRESS	2 Camino del Mar	
CITY-ST-ZIP	Palm Coast, FL 32137	
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		

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90024 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR05034 10/00