

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 436251

1. Entity Name

HUNSAKER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 1:26

Principal Place of Business

103 BRADLEY DR
NICHOLASVILLE KY 40356
US

Mailing Address

P O BOX 23294
P.O. BOX 23294
LEXINGTON KY 40523-3294
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNSAKER, VERNON S.
505 68TH STREET
HOLMES BEACH FL 33510

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 registrant's 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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME HUNSAKER, VERNON S.
STREET ADDRESS 505 68TH ST
CITY-ST-ZIP HOLMES BCH, FL 00000 ☐ Delete

TITLE ST
NAME HUNSAKER, JEAN K.
STREET ADDRESS 505 68TH ST.
CITY-ST-ZIP HOLMES BCH FL ☐ Delete

TITLE V
NAME HUNSAKER, STEPHEN S.
STREET ADDRESS 103 BRADLEY DR
CITY-ST-ZIP NICHOLASVILLE KY ☐ Delete

TITLE P
NAME HUNSAKER, JAMES S
STREET ADDRESS 103 BRADLEY DR
CITY-ST-ZIP NICHOLASVILLE KY ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000003533670-0
STREET ADDRESS -01/11/01--01101--025
CITY-ST-ZIP ****750.00 ****750.00

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

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

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

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

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hunsaker

14Dec00

Date

859-885-6475

Daytime Phone #

CR2E034 (5/00)