

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90153 031 ***150.00

U-33002, 3 A1

DOCUMENT # 557462

1. Entity Name
HUNTERS COVE RECREATIONS, INC.

Principal Place of Business Mailing Address
2907 SPANIEL LANE **P.O. BOX 1147**
SEFFNER FL 33584 **SEFFNER FL 33583**

80027020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

Zip Country Zip Country 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

CLARK, DONALD P
902 SETTER CT
SEFFNER FL 33584

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, registered agent, or both, in the State of Florida.

SIGNATURE *Donald P. Clark* *DONALD P. CLARK* *pres. Hunters Cove* *2-01-02*
 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DONALD P	NAME	
STREET ADDRESS	902 SETTER CT.	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, HAROLD	NAME	
STREET ADDRESS	2909 SPANIEL LN	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-ZIP	
TITLE	PE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DALE	NAME	
STREET ADDRESS	2801 SPANIEL LN	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALE, SANDY	NAME	
STREET ADDRESS	906 SETTER CT	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIFORD, JIM	NAME	
STREET ADDRESS	903 SETTER CT	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jim Raiford* **Jim Raiford** *2 FEB 2002* *813-684-0163*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)