

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90070 026 ***150.00

DOCUMENT # **557462**

1. Entity Name
HUNTERS COVE RECREATIONS, INC.



Principal Place of Business
**2907 SPANIEL LANE
SEFFNER FL 33584**

Mailing Address
**P.O. BOX 1147
SEFFNER FL 33583**

30017073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P CLARK, DONALD P**
STREET ADDRESS **902 SETTER CT.**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V WELCH, HAROLD**
STREET ADDRESS **2909 SPANIEL LN**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PE WILLIS, DALE**
STREET ADDRESS **2801 SPANIEL LN**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE Change Addition
NAME **PRESIDENT ELECT**
STREET ADDRESS **TED DAVENPORT**
CITY-ST-ZIP **903 RETNEVER AVENUE SEFFNER, FL 33584**

TITLE Delete
NAME **S ZALE, SANDY**
STREET ADDRESS **906 SETTER CT**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T RAIFORD, JIM**
STREET ADDRESS **903 SETTER CT**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jim Raiford* **JIM RAIFORD, Treasurer** 31 Jan 2003 813-684-0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)