

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006164 AT

**DOCUMENT #** A00000001075

**1. Entity Name**

HUNTER, LTD.

FILED

02 MAY -1 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**

1 SLEIMAN PARKWAY, #270  
JACKSONVILLE FL 32216

**Mailing Address**

1 SLEIMAN PARKWAY, #270  
JACKSONVILLE FL 32216

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3651373

Applied For ☐ Not Applicable ☐

**6. Name and Address of Current Registered Agent**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**SLEIMAN, ANTHONY T**  
**1 SLEIMAN PARKWAY, #270**  
**JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$500.00**

**10. Amount of Capital Contributions** in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	SLEIMAN, HUNTER
NAME	1 SLEIMAN PARKWAY, #270
STREET ADDRESS	JACKSONVILLE FL 32216
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	200005556232--4
STREET ADDRESS	-05/17/02 01014-010
CITY-ST-ZIP	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *Anthony T Sleiman* **4-24-02 904-131-8806**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Date** **Daytime Phone #**

CR2E003 (9/01)