

2000 UNIFORM BUSINESS REPORT (UBR)

2/5/00-90038-001-\$150.00-\$150.00

DOCUMENT # F13187

1. Entity Name

HUTCHINGS REALTY, INC.

FILED

00 MAR -9 AM 8:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2063185** Applied For Not Applied

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

| | |
|--|---|
| Principal Place of Business 261 WESTWARD DR. #101 MIAMI SPRINGS FL 33166 | Mailing Address 261 WESTWARD DR. #101 MIAMI SPRINGS FL 33166-5269 |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

8. Name and Address of Current Registered Agent

**HUTCHINGS, M. JOAN
1160 IBIS AVENUE
MIAMI SPRINGS FL 33166**

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 *M. Joan Hutchings* **2-1-2000**
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting) 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---------------------------------|--|---|---------------------------------|--------------------------------|
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addit |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| PST HUTCHINGS, M. JOAN 1160 IBIS AVENUE MIAMI SPRINGS FL | | | | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addit |
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| NAME | | | NAME | | |
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| 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: **SIGNATURE REQUIRED** *M. Joan Hutchings* **3-6-00** **888-2644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE