

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48651

1. Entity Name

DEACON'S MERCANTILE STORE, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90317 049 \*\*\*158.75

Principal Place of Business

5770 W. IRLO BRONSON HWY.  
SUITE 129 421  
KISSIMMEE FL 34746

Mailing Address

~~5770 W. IRLO BRONSON HWY.  
SUITE 129  
KISSIMMEE FL 34746~~

2835 Florida Plaza Blvd  
Kissimmee, FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2920671

Applied For

Not Applicable

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

HUNDLEY, CHARLES D  
5770 W. IRLO BRONSON HWY.  
SUITE 129 421  
KISSIMMEE FL 34746

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: *Charles D. Hundley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-19-01

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, 2001 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 NAME ☐ Delete  
DC  
TOLLMAN, STANLEY  
STREET ADDRESS 12 EAST 49TH ST., 24TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE NAME ☐ Delete  
PD  
HUNDLEY, MONTY  
STREET ADDRESS 12 EAST 49TH ST., 24TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE NAME ☐ Delete  
VSD  
HUNDLEY, CHARLES D  
STREET ADDRESS 656 ADRIAN PARK CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: *Charles D. Hundley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-01

Date

407-397-9300

Daytime Phone #

0432452

CR2E034 (10/00)

# K48651

724925

IF certificate is  
mailed before ~~DECEMBER~~<sup>15</sup>  
then please mail  
to the old mailing  
address.

Thank You