

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82778

1. Entity Name

HUTSON LAND GROUP, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90074 014 \*\*\*150.00

Principal Place of Business 11217 SAN JOSE BLVD JACKSONVILLE FL 32223 US	Mailing Address 11217 SAN JOSE BLVD JACKSONVILLE FL 32223-7230 US
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2. Principal Place of Business <b>3030 Hartley Road</b>	3. Mailing Address <b>3030 Hartley Road</b>
Suite, Apt. #, etc. <b>Suite 100</b>	Suite, Apt. #, etc. <b>Suite 100</b>
City & State <b>Jacksonville, Florida</b>	City & State <b>Jacksonville, Florida</b>
Zip <b>32257</b>	Country <b>Duval</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2947827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HINSON, DONALD P</b> <b>11217 SAN JOSE BOULEVARD</b> <b>JACKSONVILLE FL 32223</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3030 Hartley Road</b> <b>Suite 100</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32257</b>	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT HUTSON, DAVID, W 11217 SAN JOSE BLVD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 Hartley Road, Suite 100 Jacksonville, Florida 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSON, DONALD P. 11217 SAN JOSE BLVD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 Hartley Road, Suite 100 Jacksonville, Florida 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, ELINORE C. 11217 SAN JOSE BLVD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 Hartley Road, Suite 100 Jacksonville, Florida 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTSON, NANCY 11217 SAN JOSE BLVD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 Hartley Road, Suite 100 Jacksonville, Florida 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elinore C. Cox **REQUIRED** Elinore C. Cox 4/5/00 904/262-7718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)