

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90264 046 ***150.00

DOCUMENT # K82778

1. Entity Name
HUTSON LAND GROUP, INC.

Principal Place of Business

**3030 HARTLEY ROAD
 SUITE 100
 JACKSONVILLE FL 32257
 US**

Mailing Address

**3030 HARTLEY ROAD
 SUITE 100
 JACKSONVILLE FL 32257
 US**

2. Principal Place of Business

3020 Hartley Rd

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, Fl

Zip
32257

Country
Duval

3. Mailing Address

3020 Hartley Rd

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, Fl

Zip
32257

Country
Duval

4. FEI Number **59-2947827**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HINSON, DONALD P
 3030 HARTLEY ROAD
 SUITE 100
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

HINSON, DONALD P.

Street Address (P.O. Box Number is Not Acceptable)

3020 Hartley Rd. Suite

Suite 100

City

Jacksonville

FL

Zip Code
32257

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

Donald P. Hinson

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT HUTSON, DAVID, W 3030 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSON, DONALD P. 3030 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, ELINORE C. 3030 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTSON, NANCY 3030 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT Hutson, David W 3020 Hartley Rd Suite 100 Jacksonville, Fl 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Hinson, Donald P. 3020 Hartley Rd, Suite 100 Jacksonville, Fl 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cox, Elinore C. 3020 Hartley Rd. Suite 100 Jacksonville, Fl 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Hutson, Nancy 3020 Hartley Rd, Suite 100 Jacksonville, Fl 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald P. Hinson 2/27/02

Date

904/262-7718

Daytime Phone #

CR2E034 (9/01)