

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90216 035 ****50.00

DOCUMENT # L01000007619

1. Entity Name

HUNTERS POINTE DEVELOPMENT, LLC

Principal Place of Business

720 MAITLAND AVE.
 ALTAMONTE SPRINGS FL 32701

Mailing Address

720 MAITLAND AVE.
 ALTAMONTE SPRINGS FL 32701

900310

2. Principal Place of Business

670 N. Orlando Ave.

3. Mailing Address

670 N. Orlando Ave

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Maitland FL

City & State

Maitland FL

Zip

32751

Country

Zip

32751

Country

4. FEI Number

59-3733834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, JAMES K
 720 MAITLAND AVE.
 ALTAMONTE SPRINGS FL 32701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
 NAME MURRAY, JAMES K
 STREET ADDRESS 720 MAITLAND AVE.
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition
 NAME 670 N. Orlando Ave
 STREET ADDRESS Suite 101
 CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)