

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90098 014 \*\*\*\*50.00

**DOCUMENT # L94000000251**

1. Entity Name  
**HUNTCO MANAGEMENT, L.C.**



Principal Place of Business

**405 LAKE CITY AVENUE  
LAKE CITY FL 32055**

Mailing Address

**405 LAKE CITY AVENUE  
LAKE CITY FL 32055**

2. Principal Place of Business

**SAME**

3. Mailing Address

**371 NW Lake City Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Lake City FL**

4. FEI Number **59-3260651**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32055 Columbia**

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

**HUNT, DARRELL W  
405 LAKE CITY AVENUE  
LAKE CITY FL 32055**

Name

**SAME**

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

**371 N.W. Lake City Ave**

City

**Lake City**

FL

Zip Code

**32055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/31/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
NAME **COLEMAN, ALLEN D**  
STREET ADDRESS **500 AGL ROAD**  
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE **MGRM** ☐ Delete  
NAME **HUNT, DARRELL W**  
STREET ADDRESS **RT 17 BOX 804**  
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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**

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

**7/31/03**

Date

Daytime Phone #

**306-752-1660**

CR2E083 (4/03)