

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

DOCUMENT # *NO1000002702* ✓

1. Entity Name

HUNTERS LANDING COMMERCIAL TRACT

06-03-2002 91192 001 ****61.25
04-15-2002 90017 017 ****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

117 RED BAY DR.

3. Mailing Address

117 RED BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL.

City & State

FL LONGWOOD FL.

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number

02-0594634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM MORSE

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

117 RED BAY DR

City

LONGWOOD

FL

Zip Code

32779

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT FREDERICK SPIEGEL 21 PALM AVE MIAMI BEACH FL. 33139</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT WILLIAM MORSE 117 RED BAY DR LONGWOOD FL. 32779</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT ROBERT MORSE 200 OCEAN AVENUE MELBOURNE BEACH FL. 32951</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DAVID MORSE - VICE PRES 117 RED BAY DR. LONGWOOD FL. 32779</i>
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IN THIS SPACE**

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Morse **WILLIAM MORSE**

5/20/2002 **407-862-6535**