

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90260 037 \*\*\*\*61.25

**DOCUMENT # NO1000003854**

1. Entity Name

**HUNTING FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**11512 SWIFT WATER CIRCLE  
 ORLANDO FL 32817**

**11512 SWIFT WATER CIRCLE  
 ORLANDO FL 32817**

**361463**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3723807**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWMAN, WILLIAM R JR, ESQ  
 315 E ROBINSON STREET SUITE 600  
 ORLANDO FL 32801**

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTING, ROBERT J</b> <b>11512 SWIFT WATER CIRCLE</b> <b>ORLANDO FL 32817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTING, LORAIN K</b> <b>11512 SWIFT WATER CIRCLE</b> <b>ORLANDO FL 32817</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTING, ROBERT A</b> <b>704 HULL ISLAND DRIVE</b> <b>WINTER GARDEN FL 34787</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNTING, DEBRA M</b> <b>1631 PATTON AVENUE</b> <b>APOPKA FL 32703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONDELINGER, PAMELA J</b> <b>803 BROOKSIDE ROAD</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIORIEN, CARRIE L</b> <b>3680 VAN DALE STREET</b> <b>DELTONA FL 32738</b>	<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"/> 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
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

**FIORICA, CARRIE L**

Change  Addition

**SPELLING ERROR**

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Hunting  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**  
 Date

**(407) 207-0706**  
 Daytime Phone #